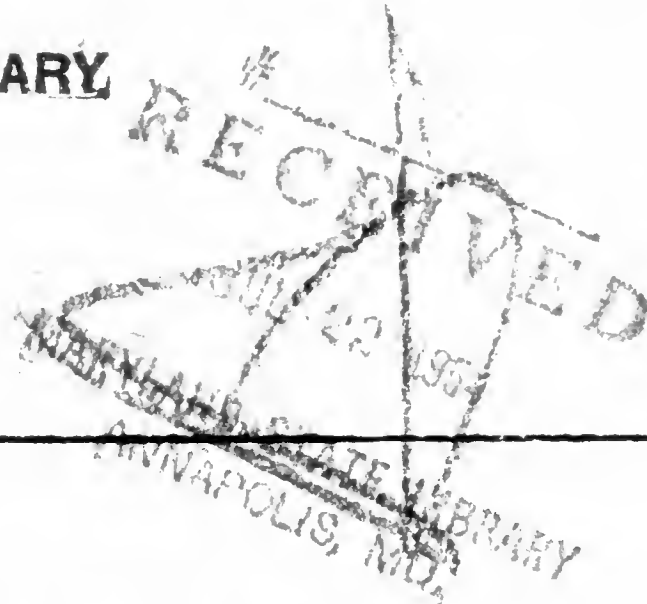


1953

FLORIDA STATE LIBRARY



FLORIDA STATE BOARD OF HEALTH

1953

ANNUAL REPORT

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Annual Report

State Board of Health

State of Florida

1953

The following statistical reports will be published separately:

SUPPLEMENTAL I – FLORIDA VITAL STATISTICS, 1953

SUPPLEMENTAL II – FLORIDA MORBIDITY STATISTICS, 1953

WILSON T. SOWDER, M.D.

STATE HEALTH OFFICER

JACKSONVILLE, FLORIDA

The Honorable HERBERT L. BRYANS, M.D., President
Florida State Board of Health
Pensacola, Florida

Dear Dr. Bryans:

I herewith submit the annual report of the Florida
State Board of Health for the year ending December
31, 1953.

Sincerely yours,

WILSON T. SOWDER, M.D.
State Health Officer

May 1, 1954
Jacksonville, Florida

His Excellency, CHARLEY E. JOHNS
Acting Governor of Florida
Tallahassee, Florida

Sir:

I beg to hand you herewith a report of the Florida
State Board of Health for the period January 1, 1953,
to December 31, 1953, inclusive.

Respectfully submitted,

HERBERT L. BRYANS, M.D.
President

May 1, 1954
Pensacola, Florida

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Florida State Board of Health
Pensacola, Florida

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HERBERT L. BRYANS, M.D.
President

May 1, 1954
Pensacola, Florida

Members of the
FLORIDA STATE BOARD OF HEALTH

HERBERT L. BRYANS, M.D., *President*
Pensacola

T. M. CUMBIE, Ph.G.
Quincy

EDWARD L. FLYNN, D.D.S.
Tampa

ALBERT L. WARD, M.D.
Port St. Joe

CARL C. MENDOZA, M.D.
Jacksonville

OFFICIAL STAFF FLORIDA STATE BOARD OF HEALTH

December 31, 1953

DIRECTORS

State Health Officer.....Wilson T. Sowder, M.D., M.P.H.

Bureau of Local Health Service.....George A. Dame, M.D.
Division of Public Health Nursing.....Ruth E. Mettinger, R.N.
Field Training Center.....Frank M. Hall, M.D., M.P.H.
Field Advisory Staff.....James L. Wardlaw, Jr., M.D. M.P.H.

Bureau of Dental Health.....Floyd H. DeCamp, D.D.S.

Bureau of Preventable Diseases.....Lorenzo L. Parks, M.D., M.P.H.
Division of Venereal Disease Control.....William A. Walter, M.D., M.P.H.
Division of Industrial Hygiene.....John M. McDonald, M.D.
Division of Cancer Control.....Lorenzo L. Parks, M.D., M.P.H.,
Acting
Public Health Veterinarian.....James E. Scatterday, D.V.M., M.P.H.

Bureau of Tuberculosis Control.....Clarence M. Sharp, M.D.
Division of Heart Disease Control.....Simon D. Doff, M.D., M.P.H.

Bureau of Laboratories.....Albert V. Hardy, M.D., Dr. P.H.
Miami Regional Laboratory.....Dwight E. Frazier
Orlando Regional Laboratory.....Max T. Trainer
Pensacola Regional Laboratory.....Emory D. Lord, Jr.
Tallahassee Regional Laboratory.....Robert A. Graves
Tampa Regional Laboratory.....H. D. Venters

Bureau of Maternal and Child Health.....Ralph W. McComas, M.D., M.P.H.
Division of Mental Health.....Paul W. Penningroth, Ph.D.

Bureau of Sanitary Engineering.....David B. Lee, M.S., Engineering

Bureau of Entomology.....John A. Mulrennan, Sr., B.S.A.

Bureau of Vital Statistics.....Everett H. Williams, Jr., M.S. Hyg.

Bureau of Finance and Accounts.....Fred B. Ragland, B.S.
Personnel Supervisor.....Paul T. Baker
Purchasing Agent.....G. Wilson Baltzell

Division of Health Information.....Elizabeth Reed, R.N., B.S.

Division of Nutrition and Diabetes Control.....Lorenzo A. Parks, M.D., M.P.H.
Acting

Bureau of Narcotics.....Frank S. Castor, Ph.G.

COUNTY HEALTH OFFICERS

(As of December 31, 1953)

Alachua	Frank M. Hall, M.D., M.P.H.
Baker-Nassau	John W. McClane, M.D.
Bay	Albert F. Ullman, M.D.
Bradford-Clay-Union	A. Y. Covington, M.D., M.P.H.
Brevard-Osceola	Norman B. Edgerton, M.D.
Broward	Paul W. Hughes, M.D., M.P.H.
Calhoun-Jackson	A. K. Husband, M.D.
Charlotte-DeSoto-Hardee	James O. Bond, M.D.
Citrus-Hernando-Levy	Harold F. Bonifield, M.D.
Collier-Lee	Vacant
Columbia-Gilchrist-Hamilton	Joseph C. Weeks, M.D.
Dade	T. E. Cato, M.D., M.P.H.
Dixie-Lafayette-Suwannee	E. H. John, M.D.
Duval	Thomas E. Morgan, M.D., M.P.H.
Escambia	John C. McSween, M.D.
Flagler-Putnam	Wade N. Stephens, M.D., M.P.H.
Franklin-Gulf-Wakulla	Warren T. Weathington, M.D., M.P.H.
Gadsden-Liberty	Vacant
Glades-Hendry-Highlands	G. L. Beaumont, M.D., M.P.H.
Hillsborough	Frank V. Chappell, M.D., M.P.H.
Holmes-Walton-Washington	R. N. Nelson, M.D.
Indian River-Martin-Okeechobee-St. Lucie	Vacant
Jefferson-Madison-Taylor	Harry A. Nevel, M.D., M.P.H.
Lake	J. Basil Hall, M.D., M.P.H.
Leon	Joseph M. Bistowish, M.D., M.P.H.
Manatee	John S. Neill, M.D.
Marion	Luther A. Brendle, M.D., M.P.H.
Monroe	Raymond J. Dalton, M.D.
Okaloosa-Santa Rosa	J. L. Turnage, M.D.
Orange	Terry Bird, MD., M.P.H., Acting
Palm Beach	C. L. Brumback, M.D., M.P.H.
Pasco-Sumter	Leo L. Burger, M.D.
Pinellas	Robert E. Rothermel, M.D., M.P.H.
Polk	Chester L. Nayfield, M.D., M.P.H.
Sarasota	William L. Wright, MD., M.P.H.
Seminole	Terry Bird, M.D., M.P.H.
Volusia	Robert D. Higgins, M.D., M.P.H.

FLORIDA STATE BOARD OF HEALTH

GOVERNOR OF FLORIDA

FIVE BOARD MEMBERS

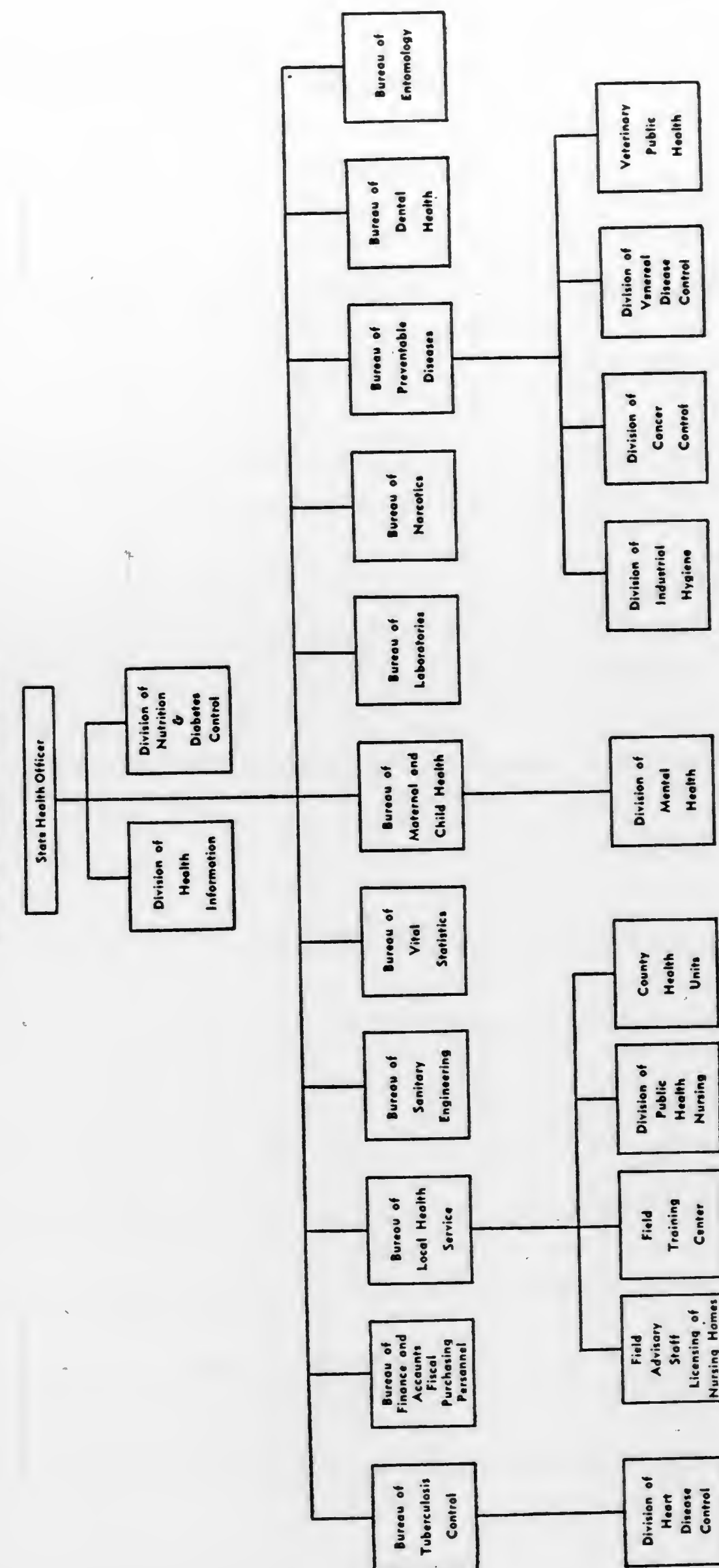


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GENERAL SUMMARY

WILSON T. SOWDER, M.D., M.P.H.
State Health Officer

The year 1953 was marked by considerable progress in the field of public health generally. The population continued to grow to an estimated 3,111,100. While much of this was due to immigration from other states, there were 80,112 new resident births, with a birth rate of 25.8 per thousand population. This was the highest number of births and birth rate on record. Deaths totaled 30,603 among residents and the death rate was 9.8 per thousand population, which was 0.1 higher than in 1952. This is not a cause for concern since, if accurate, it is due to a higher percentage of older people in the population. Heart disease caused 34 per cent of all deaths and no effective method of prevention or control has been discovered. The number of deaths and the death rate from cancer increased but this is expected with the increase in the number of older people. However, our excellent cancer program has undoubtedly saved many lives but more funds are needed to make it even more effective. There were 419 deaths from diabetes as compared with 422 in 1952. Deaths from this prevalent disease can be prevented in most cases but unfortunately our beginning efforts toward more effective control measures were curtailed in midyear due to a reduction in federal funds. Astonishing progress was made in reducing the death rate from tuberculosis from 16.7 in 1952 to 9.8 per hundred thousand in 1953. This was accomplished in spite of a curtailed program due to a loss in federal funds. However, the construction and operation of new tuberculosis hospitals were of untold benefit. The number of infected persons known to the health department remained about the same. Cases of syphilis reported in 1953 were 6,722 as compared to 10,824 in 1952. The death rate from this disease also declined from 6.1 to 4.7 per hundred thousand population. Reductions in federal funds also handicapped the efficient operation of the venereal disease control program. The maternal death rate remained the same (8 per 10,000 births) which is gratifying in view of the marked drop in the rate in 1952. Special progress in infant mortality is indicated by the decline in infant deaths from 34.1 in 1952 to 31.0 in 1953 per thousand live births.

The reporting of communicable diseases continues to be unsatisfactory as an index of progress in this field. However, there were no major epidemics of any diseases. A few more cases of poliomyelitis were reported than in 1952 but hopes were raised for the

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control of this disease by the availability of gamma globulin which is thought to be useful in its prevention.

Major developments occurred during the year in the field of legislation. Federal funds were reduced by about \$270,000 per year effective July 1st which reduced the federal share in the financing of the public health program in Florida to about 13 per cent. The State Legislature however increased our general funds moderately but not enough to absorb the federal cut. On the other hand the Legislature made a liberal appropriation for permanent mosquito control under a new law passed which amounted to \$1,500,000. In addition the appropriation of \$350,000 for temporary mosquito control work was continued. A new appropriation amounting to \$75,000 per annum was also made for community mental health work which was badly needed to supplement federal and local appropriations. An increase of \$250,000 per annum was also voted for county health departments, the total annual appropriation for this activity now being \$1,100,000. This is of course supplemented by State and local funds. Other legislative accomplishments were the passage of the law requiring the reporting of communicable diseases by physicians and veterinarians; the passage of a law requiring the inspection and licensure of nursing homes, with an appropriation of \$25,000; the passage of a law requiring the inspection of mattresses and providing for the collection of fees for this work.

Another gratifying development was the letting of a contract for a new Laboratory and Health Center building in Jacksonville, the cost of which will be nearly \$600,000. This building was made possible by an appropriation of \$80,000 by the 1951 Legislature; by the permission of the Budget Commission to use fees collected during 1952 and a part of 1953; and a 50 per cent matching by federal hospital construction funds through the State Improvement Commission. A part of the fee money collected was also used to purchase a plot of land on Pearl and Second Streets next to the headquarters of the State Board of Health for parking purposes.

Due to the loss of federal funds some important work of the State Board of Health had to be curtailed. Reductions were necessary in the operating budgets of nearly every Bureau and Division except the Bureau of Finance and Accounts, the Bureau of Entomology, the Division of Mental Health and the Bureau of Vital Statistics.

Among the major organizational changes that took place was the elevation of the Division of Entomology to the status of a Bureau. Due to loss of funds and the resignation of the director of the Division of Nutrition and Diabetes Control, Edward R. Smith, M. D., this activity was placed temporarily under the Bureau of Preventable

Disease. Dr. Smith resigned his position in order to accept the position as City Health Officer of Jacksonville. Simon D. Doff, M. D., director of the Division of Heart Disease Control, entered private practice on November 1st but continued his position with the State Board of Health on a part time basis. Following the appropriations of State funds for mental health, a Division of Mental Health was established in the Bureau of Maternal and Child Health. The entire staff of the State Board of Health and its many friends were saddened by the death of Mr. M. H. Doss, for many years director of the Bureau of Narcotics, on July 30. Mr. Frank Castor, for many years an inspector in that Bureau, was appointed by the Board to replace Mr. Doss. During the year one change was made by the Governor in the membership of the Board of Health. Carl C. Mendoza, M. D. of Jacksonville, replaced Robert B. McIver, M. D. of Jacksonville. Dr. McIver had served as a member of the Board since 1942 and made valuable contributions to the public health program of the State during that time.

Specific comments will not be made on the work of the various bureaus and divisions of the State Board of Health nor of the county health departments. The work of these units is well covered in other sections of this report and in general each of them did outstanding work. The quality of personnel employed continued to be excellent although the turnover rate was much too high, particularly in the health officer and clerical categories. Only better salaries, which cannot be paid out of available funds, will correct this situation.

ACTIVITIES OF THE BOARD

The Board of Health re-elected Dr. Herbert L. Bryans of Pensacola as its President at the annual meeting in February. Six meetings were held during the year during which meetings the following important business was transacted:

February 10 — Tallahassee, Florida

1. Granted certain salary increases and made changes in the compensation plan.
2. Agreed not to ask for deferments from military service for health officers.
3. Approved the seeking of certain amendments to the law providing for the hospitalization of persons with tuberculosis.
4. Agreed that direct grants of mental health funds should not be made to the University of Florida but that assistance should be given through the county health departments.

5. Changed the name of the Field Technical Staff to the Field Advisory Staff.
6. Decided as a policy not to subsidize speakers to county medical societies.
7. Appointed Mr. Philip S. May of Jacksonville as attorney for the State Board of Health to replace Mr. Rhydon C. Latham of Jacksonville.
8. Met with State Improvement Commission officials to discuss bids submitted for Laboratory and Health Center in Jacksonville. No bid was accepted because sufficient funds were not available.

March 23, 24, and 25 — Havana, Cuba

1. Discussed a proposed bill for the licensing of sanitarians.
2. Authorized the State Health Officer to accept the low bid for the Laboratory and Health Center building in Jacksonville, more federal funds being made available for the project by the State Improvement Commission.
3. Discussed proposed legislation for a Crime Laboratory at the State Board of Health.

April 26, 27, and 29 — Hollywood Beach, Florida

1. Authorized certain salary increases and changes in the compensation plan and Merit System specifications for personnel.
2. Discussed difficulties encountered with the Federal Housing Administration concerning septic tanks and sewage disposal.
3. Directed that state owned cars assigned to counties be insured under the general insurance contract policy.

July 18 — Jacksonville, Florida

1. Approved proposed plans for expansion of Mosquito Control Program and changed the Division of Entomology to the Bureau of Entomology.
2. Agreed that the new Mosquito Research Laboratory should be in St. Lucie or Indian River County.
3. Authorized the State Health Officer to purchase property on Pearl and Second Streets if approved by the Attorney General.
4. Discussed the reduction of federal funds available on July 1st and approved plans for curtailment of certain programs.
5. Discussed the new law for the inspection and licensure of nursing homes and approved plans for procedure.
6. Created a Division of Mental Health in the Bureau of Maternal and Child Health.

7. Designated the Bureau of Sanitary Engineering to enforce the new mattress inspection law.
8. Approved the use of gamma globulin for distribution to health officers and private physicians in the State.
9. Appointed William A. Walter, M. D., who is assigned to the State Board of Health by the U. S. Public Health Service, as Associate Director of the Bureau of Preventable Diseases.
10. Adopted a list of reportable diseases under a new law requiring the reporting of communicable diseases.

August 22 — Jacksonville, Florida

1. Approved rules and regulations for the inspection and licensure of nursing homes.
2. Agreed that old records of the State Board of Health should be offered first to the State Librarian rather than the University of Florida as is legally required.
3. Approved certain salary increases and changes in salary ranges.

October 25 — Jacksonville, Florida

1. Discussed per diem hospital rates for the cancer program.
2. Approved certain salary increases.
3. Discussed a plan for cooperation with the Foreign Operations Administration in Washington for the assignment of State Board of Health Personnel to foreign duty.
4. Appointed Mr. Frank S. Castor as director of the Bureau of Narcotics.

ACTIVITIES OF THE STATE HEALTH OFFICER

The major activities of the State Health Officer during the year consisted of directing and coordinating the work of the various bureaus and divisions of the State Board of Health and the county health departments. He acted as secretary to the Board at its various meetings and furnished the members of the Board information about current problems in the intervals between meetings. As in other years a great deal of time was spent in liaison work with the Governor's office, the Budget Commission and with other State officials and departments. Also, it was necessary for him to participate in the activities of numerous professional and lay organizations which are connected with or interested in the work of the State Board of Health. Maintaining proper relationships with the federal health agencies, the U. S. Public Health Service and the U. S. Children's Bureau, was a major duty of the State Health Officer and he also participated actively in the affairs of regional and national medical

and public health organizations. In addition to the executive duties required of the position the State Health Officer necessarily acted as the agency liaison officer with the numerous official and unofficial state and federal agencies concerned with public health. The promotion and maintenance of proper public relations required a substantial part of his time. Many talks were given and several formal articles were prepared for publication.

BUREAU OF FINANCE AND ACCOUNTS

FRED B. RAGLAND, B.S., Director

The Bureau of Finance and Accounts has the responsibility of all fiscal, personnel, and purchasing and property control matters.

The Bureau is a service organization, handling the business management of the Board. Every effort is made to handle efficiently and expeditiously to the best interests of all Bureaus, Divisions, and County Health Units the payment of salaries, travel expenses, and other obligations; the personnel actions such as recruitment, employment, termination, reclassification, salary changes, leave records, efficiency reports and training records; the purchasing by good business methods; and the control of property.

FISCAL SECTION

The financial transactions of the State Board of Health for the fiscal year ended June 30, 1953, as reflected by the records of the Bureau, are presented in a condensed form in Tables 2-4 and in Figure 1.

A detailed financial report for the fiscal year ended June 30, 1953, has been prepared and distributed to the Governor, Members of the Governor's Cabinet, members of the State Board of Health, and all Bureaus, Divisions and County Health Units of the State Board of Health.

The funds received (or appropriated) for the fiscal year ended June 30, 1953, were from the following major sources:

State Appropriations	\$2,539,278.11	42.3%
From Local Agencies for County Health Units	2,246,934.06	37.4%
From Federal Grants-in-Aid	1,197,450.98	20.0%
From Private Contributions	12,400.00	.3%
TOTAL	\$5,996,063.15	100.0%

Objectively, the operating and capital expenditures by the State Board of Health in summary were for:

Personal Services (Salaries and Professional Fees)	\$4,093,975.28	70%
Contractual Services (Repairs, Utilities, Travel Expense, Cancer Program — Fees and Hospitalization)	922,563.02	16%

and public health organizations. In addition to the executive duties required of the position the State Health Officer necessarily acted as the agency liaison officer with the numerous official and unofficial state and federal agencies concerned with public health. The promotion and maintenance of proper public relations required a substantial part of his time. Many talks were given and several formal articles were prepared for publication.

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Contractual Services (Repairs, Utilities, Travel Expense, Cancer Program — Fees and Hospitalization)	922,563.02	16%

Commodities (Office, Medical, Laboratory, Mosquito Control, Educational)....	512,288.29	9%
Current Charges (Rents, Insurance, Merit System Costs, Registrar Fees)	125,363.98	2%
Capital Outlays (Equipment and Fixed Assets)	196,350.60	3%
TOTAL	\$5,850,541.17	100%

In addition to funds reported in the annual financial report and summarized above, certain other funds and services were made available by the Public Health Service of the U. S. Department of Health, Education and Welfare to activities of the Board but were not paid directly to the State Board of Health. They include:

Value of Public Health Service personnel on loan to the Board in Preventable Disease Programs	\$ 84,822.00
Value of personal services, supplies and equipment furnished by Public Health Service Communicable Disease Center for mosquito and typhus activities under the Board's supervision	17,942.83
TOTAL	\$102,764.83

Fiscal operation followed a budget plan of 116 departmental budgets. These budgets were occasionally revised to meet changing situations. The majority of the revisions involved County Health Unit budgets primarily because the fiscal year of the County differs from the fiscal year of the State. At the time County Health Unit budgets were initially prepared, it was not known exactly what local funds would be available in each instance. It was, therefore, necessary to revise a number of the County Health Unit budgets during the year after the availability of funds from County sources was determined.

PERSONNEL OFFICE

PAUL T. BAKER

The year 1953 was marked by steady progress in the field of personnel administration. In conformity with established policy, continued steps were taken to strengthen the Merit System structure in the State Board of Health. Diligent attention was given to insure that all appointments and terminations were made in accordance with the rules adopted by the Board.

Leave records were developed and maintained, and efficiency reports were obtained and recorded.

Records of in-service and post-graduate training of employees were maintained and the application of regulations governing such training was assured. All employees at the main office were encouraged by the Personnel Supervisor to discuss their employment problems, if any, with him. At the times prescribed for consideration by the State Board of Health of salary increases, full information concerning each employee was made available to the Board in order that employees might be treated fairly and equitably.

The payrolls for all employees were prepared in the Personnel Office and forwarded to the State Comptroller for payment. All matters pertaining to the Retirement Plan were handled promptly.

Prompt action was taken immediately after the Merit System examinations to regularize the Merit System status of each provisional employee. Employees were notified without delay upon attainment of permanent status.

During the calendar year, the recruiting problems were resolved in a very satisfactory manner. Little difficulty was encountered in filling the requirements, although Sanitary Engineers, Dentists and Stenographers continued to be in short supply. The generous State Retirement Plan contributed considerably to the successful recruiting program and to the retention of personnel after employment.

Salary increases were given to most of the personnel during the year. These increases were predicated on the basis of merit. Working conditions were satisfactory and the morale of employees continued to be high.

A modest upward revision of the Compensation Plan was adopted during the year to meet the continued high cost of living.

At the end of the year, sixty-six (66) of Florida's sixty-seven

counties had organized health departments which were operating under the State Merit System.

On December 31, 1953, there were 1,342 State employees (including those in county health units) and 14 Federal employees on loan to this agency. On December 31, 1952, there were 1,317 State employees and 19 Federal employees.

During the year, there were 373 employments and 348 terminations. The main reasons for terminations include marriage, pregnancy, transfer of husbands from area, completion of work for which employed, and acceptance of more profitable employment.

A tabulation of new employments, terminations, and turnover rates according to classification is shown in the table below:

TABLE 1
NEW EMPLOYMENTS, TERMINATIONS, AND TURNOVER
RATES, BY CLASSIFICATION

Classification	New Employments	Terminations	Turnover Rate*
Total	373	348	26%
Health Officers	11	15	24%
Sanitary Eng.	6	4	16%
Sanitarians	37	22	12%
P. H. Nurses	80	65	21%
Clerical	100	94	29%
Others	139	148	35%

*Turnover rate—terminations divided by average number of employees.

On December 31, 1953, the Merit System status of the State Board of Health personnel was as follows:

Permanent and Probational	1,082
Provisional	26
Temporary	0
Emergency	4
Exempt and Part-time	230

TOTAL 1,342

During the year, specifications were adopted for 6 new classifications; specifications were revised for 16 classifications; 3 classifications were abolished and the salary ranges of 124 classifications were revised.

Postgraduate training for one full academic year was completed successfully during 1953 by 3 Health Officers; 4 Public Health Nurses; 1 Sanitary Engineer; 2 Sanitarians; 1 Bacteriologist and 1 Psychologist.

PURCHASING AND PROPERTY

G. WILSON BALTZELL
Purchasing Agent

During 1953 the Purchasing Agent received 2,134 requisitions for supplies and equipment from the various departments and issued 3,635 purchase orders representing a total of \$583,976.86. This was slightly less than last year but when appropriations are cut, the reductions are reflected in the procurement of supplies and equipment, especially permanent equipment.

The last Legislature passed a law which provides that purchases in excess of \$1,000.00 must be made on competitive bids, and when the purchase price is in excess of \$2,000.00 competitive bids must be received after advertising in a newspaper of general circulation. The only feature of this law which in any way affects our purchasing procedures is the newspaper advertising, as we have been getting competitive bids on practically all purchases, large and small.

Property records are being kept at current levels, and the system of memorandum receipts recently installed is responsible for 90 per cent of the equipment in the central office being signed for. The branch laboratories have been inventoried and memorandum receipts obtained on the equipment under their supervision.

The State Board of Health carries automobile insurance in commercial companies, and accidents are reported to Purchasing and Property and claims for liability and property damage processed to insurance company adjusters. During the year there were five claims paid by our insurance company for damages amounting to \$2,157.99.

Since the State Board of Health acts as self-insuror for collision coverage, it might be stated that \$1,558.80 was spent for collision repairs to units of the fleet. However, \$1,227.11 was reimbursed to the State Board of Health by individuals and firms admitting liability.

Fire insurance on building and contents is carried in the State Fire Insurance Fund, under supervision of the State Fire Insurance Commissioner.

BUILDINGS AND GROUNDS

All Central Office Bureaus and Divisions are located either at the main office at 1217 Pearl Street or in leased space at the General Administration Building in the St. Johns Shipyard, Jacksonville,

Florida. The Superintendent has the responsibility for maintaining and operating the buildings at both locations. Maintenance personnel have carried out their duties efficiently during the year.

On April 9, 1953 a contract was entered into between the Florida State Board of Health and O. P. Woodcock Company, General Contractors, for the construction of a new building addition at the corner of Julia and Second Streets. This addition will be principally a laboratory building. The contract for \$506,666.00 represented the contractor's base bid and the agreement called for completion of the building within 300 days. The entire building project is estimated to cost \$587,865.00, such amount to include the designing, the construction, the supervision and inspection at the site and equipment of the building. 50 per cent of the cost is to be from Federal funds through the Hospital Division of the Florida State Improvement Commission. It is expected that occupancy of the building will take place during the spring of 1954.

DUPLICATING

This section is a valuable asset and aid to all departments of the State Board of Health. A considerable saving is effected by this section being able to supply the majority of the printing and duplicating needs at costs much less than commercial printing prices. When the laboratory moves out of the Julia Street building, it is hoped that there will be more room available for the Duplicating Department and with additional equipment, it would be able to handle printing which now has to be performed by commercial printers.

TABLE 2
SUMMARY OF RECEIPTS AND DISBURSEMENTS AND
BALANCES FOR THE FISCAL YEAR ENDED JUNE 30, 1953
RECEIPTS

FROM STATE FUNDS

From State Appropriations:	
Salaries	\$ 643,227.11
Expenses	555,503.16
County Health Units	859,334.34
County Mosquito Control	350,000.00
Other:	
Medical Laboratory Control	780.00
State Board of Health Trust Fund	130,433.50
TOTAL STATE FUNDS	\$ 2,539,278.11

FROM FEDERAL GRANT-IN-AID

Public Health Service:	
Rapid Treatment Center	\$ 94,905.64
General Health	265,680.80
Venereal Disease	292,938.85
Tuberculosis Control	113,666.00
Mental Health	57,603.00
Cancer Control	58,946.00

TABLE 2—Continued
SUMMARY OF RECEIPTS AND DISBURSEMENTS AND
BALANCES FOR THE FISCAL YEAR ENDED JUNE 30, 1953

Heart Disease	34,436.00
Children's Bureau:	
Maternal and Child Health	279,274.69
TOTAL FEDERAL GRANT-IN-AID	\$1,197,450.98
FROM PRIVATE CONTRIBUTIONS	
Water Pollution Research	\$ 3,400.00
Franklin County Marine Laboratory	4,000.00
Citrus Canning Research	5,000.00
TOTAL PRIVATE CONTRIBUTIONS	\$ 12,400.00
FROM LOCAL AGENCIES FOR COUNTY HEALTH UNITS	\$2,246,934.06
Total Receipts	\$5,996,063.15
Balances July 1, 1952	1,074,914.30
Total Receipts and Balances	\$7,070,977.45

DISBURSEMENTS

OPERATING EXPENSE

Personal Services:	
Salaries	\$4,046,338.79
Professional Services and Consulting Services	47,636.49
Contractual Services:	
Travel Expenses, including subsistence and lodging	500,855.35
Telephone, Telegraph and Postage	87,978.86
Utilities	22,160.50
Printing, Binding, Photographing and Advertising	24,738.60
Freight and Express	12,181.01
Cleaning, Laundry and Painting	13,820.82
Repairs to Buildings and Equipment	37,154.84
Subsistence, Care and Support of Persons	201,853.15
Other Contractual Services	21,819.89
Commodities:	
Stationery and Office Supplies	70,578.70
Chemicals, Laboratory and Mosquito Control Supplies	219,475.38
Medical, Surgical and Dental Supplies	119,878.64
Gas, Oil and Fuel	58,652.36
Cleaning, Laundry, Parts, Fittings and Other Supplies	39,276.54
Educational Supplies	4,426.67
Current Charges:	
Rental of Buildings and Equipment	52,168.33
Insurance, Dues, Fees, Registration and Bonds	57,817.61
Merit System	15,378.04
TOTAL OPERATING EXPENSES	\$5,654,190.57

CAPITAL EXPENSES

Office, Household and Mechanical Equipment	\$ 55,042.10
Engineering, Medical and Dental Equipment	30,413.06
Automotive Equipment	72,662.49
Books, Educational and Other Equipment	11,991.81
Buildings and Surroundings	26,241.14
TOTAL CAPITAL EXPENSES	\$ 196,350.60
TOTAL OPERATING AND CAPITAL EXPENSES	\$5,850,541.17

TABLE 2—Continued
SUMMARY OF RECEIPTS AND DISBURSEMENTS AND
BALANCES FOR THE FISCAL YEAR ENDED JUNE 30, 1953

NON-OPERATING DISBURSEMENTS	
Refunds of Registration Fees and Comptroller's Fee	
Deductions	\$ 88.40
Unexpended Project Balance Returned to U. S. Treasurer	87.42
Payments to Local Boards of County Commissioners for	
Health Center Construction	21,000.00
Refund of Local Contribution	50.00
TOTAL NON-OPERATING DISBURSEMENTS	\$ 21,225.82
TOTAL DISBURSEMENTS	\$5,871,766.99
BALANCES JUNE 30, 1953	1,199,210.46
TOTAL DISBURSEMENTS AND BALANCES	\$7,070,977.45

TABLE 3
SCHEDULE OF OPERATING AND CAPITAL EXPENSES
BY PUBLIC HEALTH PROGRAM ACTIVITY

Health services to mothers, infants, preschool and school children	\$1,163,331.36
Statewide venereal disease control, diagnosis and referral of infectious venereal disease patients to the prevention and control centers and operation of centers	912,696.91
Mosquito and pest control programs, including pest control law enforcement	704,754.70
Statewide sanitary engineering and environmental sanitation	684,173.92
Statewide tuberculosis control, x-ray surveys and follow-up work	561,985.83
Statewide cancer control program	214,148.72
Mental health program	116,150.59
Statewide narcotics, drug, medical practice law enforcement	79,342.22
Heart disease program	78,397.88
Industrial hygiene program	18,853.24
Other health programs and administration	1,316,705.80
TOTAL OPERATING AND CAPITAL EXPENSES	\$5,850,541.17

SCHEDULE OF OPERATING AND CAPITAL EXPENSES
BY FUNCTIONAL ACTIVITY

General Administration and miscellaneous	\$ 390,819.26
Vital Statistics	164,528.00
Health Information	57,060.78
Narcotic Enforcement	59,857.19
Sanitary Engineering	186,063.10
Entomology and Mosquito Control	382,292.44
Laboratories	389,700.65
Tuberculosis Control	117,864.37
Preventable Diseases (excluding Tuberculosis)	336,079.62
Chronic Diseases	295,728.28
Maternal and Child Health	109,521.72
Local Health Service	136,403.17
County Health Units	3,224,622.59
TOTAL OPERATING AND CAPITAL EXPENSES	\$5,850,541.17

SUMMARY OF TOTAL OPERATING AND CAPITAL EXPENSES
BY MAJOR FUNCTIONAL LEVELS

State Level — Organizational Units	
State Funds	\$1,028,699.85
Federal Funds	633,333.10
	\$1,662,032.95
State Level — Special Services	
State Funds	\$ 591,642.79
Federal Funds	336,501.99
Private Funds	35,740.85
	\$ 963,885.63
*County Health Units	
State Funds	\$ 829,446.03
Federal Funds	264,493.29
Local Funds	2,130,683.27
	\$3,224,622.59
GRAND TOTAL	\$5,850,541.17

* Total County Health Units expenditures \$3,224,622.59 represents per capita expenditures of \$1.28 (33¢ State Funds, 10¢ Federal Funds and 85¢ Local Funds), based on population served by County Health Units of 2,515,613. For comparison with previous years, see 1952 Annual Report, Table 2, page 16; 1951 Annual Report, Table 2, page 24; and 1950 Annual Report, Chart 1, page 16.

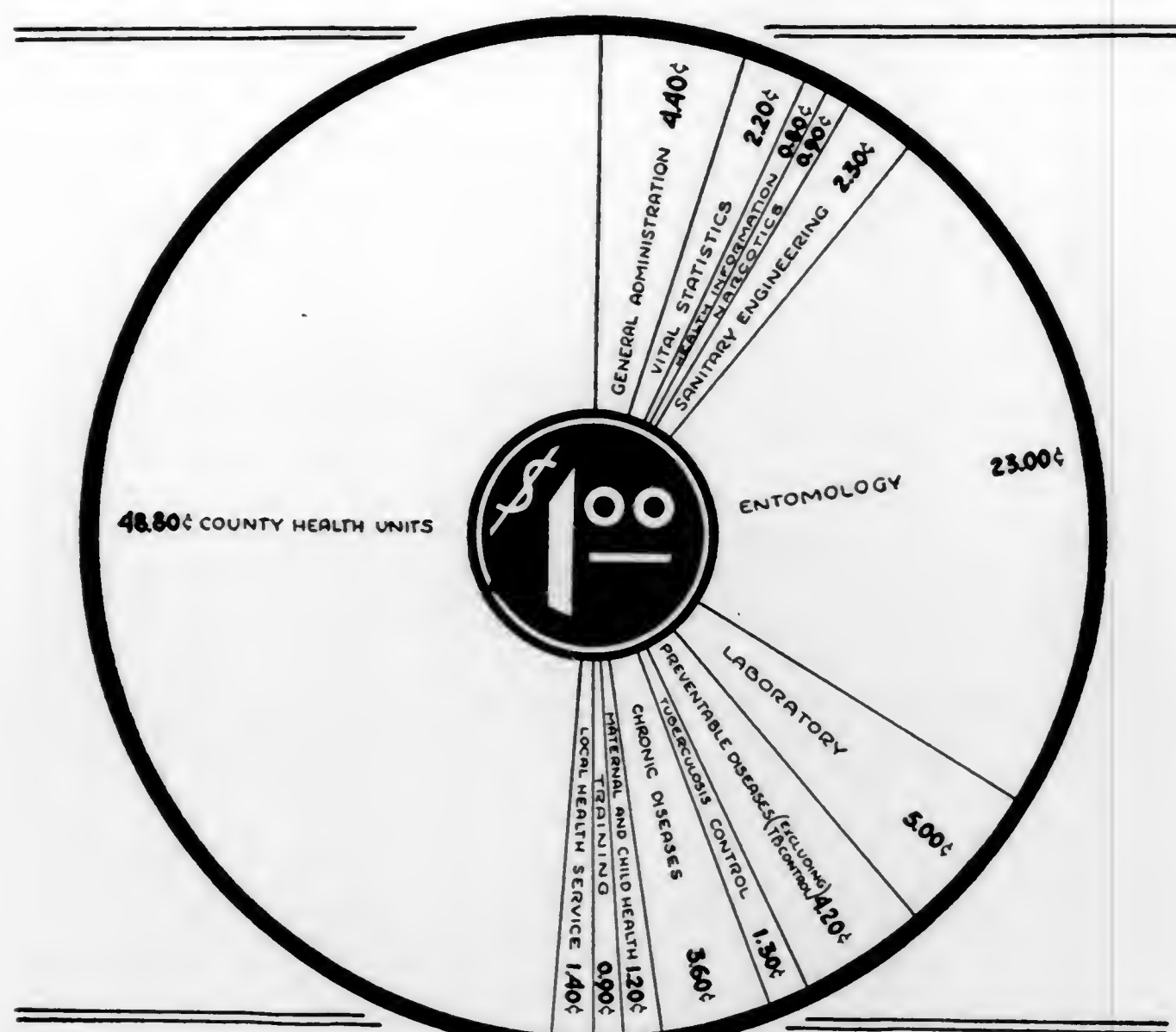
TABLE 4

County	STATE BOARD OF HEALTH			LOCAL FUNDS			
	Total Funds	Federal		County Commissioners	Board of Public Instruction	Cities	Fees and Miscellaneous
		Total	State				
Alachua.....	\$ 66,979.01	\$22,053.00	\$ 5,472.57	\$ 32,065.00	\$ 3,466.66	\$ 6,600.00	\$ 788.44
Baker.....	13,201.78	7,244.00		2,449.99			41.13
Bay.....	59,191.70	15,601.00	5,714.50	37,876.20	37,374.45		501.75
Bradford.....	21,910.00	10,737.00		4,920.00	4,000.00	2,200.00	53.00
Brevard.....	27,135.49	14,467.00		12,668.49	10,000.00		418.49
Broward.....	100,709.36	29,105.52	9,834.52	71,003.84	54,773.05	840.00	5,310.79
Calhoun.....	13,021.00	6,472.00		6,549.00	6,500.00		49.00
Charlotte.....	7,619.00	4,279.00		3,340.00	1,000.00		30.00
Citrus.....	10,241.11	5,611.00		4,630.11	1,992.11	450.00	30.00
Clay.....	20,617.40	10,509.00		10,108.49	7,449.00	2,299.98	38.00
Collier.....	11,996.58	4,547.58	3,422.58	7,449.00	4,903.36		205.15
Columbia.....	20,003.07	11,944.00		8,059.07	7,800.00		19.00
Dade.....	611,012.51	112,529.40	69,081.40	498,483.11	474,252.75		259.07
De Soto.....	12,695.47	6,949.00		5,740.47	4,403.97	1,250.00	24,200.36
Dixie.....	10,385.24	5,260.00		5,125.24	4,200.00		92.50
Duval.....	11,307.72	32,309.66		68,058.06	55,053.21		25.24
Escambia.....	108,313.40	32,917.00	22,417.66	75,396.46	42,500.00	12,456.00	548.85
Flagler.....	9,132.75	3,652.00	4,750.00	5,480.75	3,363.20	24,415.00	181.75
Franklin.....	15,937.29	7,055.00		8,882.29	7,833.80		48.49
Gadsden.....	39,013.17	19,183.00	2,880.00	19,830.17	13,999.92	1,000.00	900.20
Gilchrist.....	8,732.02	5,120.00		3,612.02	1,800.00	1,000.00	12.02
Glades.....	9,055.10	3,485.00		5,570.10	5,564.35	400.00	6.75
Gulf.....	18,222.58	8,090.00		10,132.58	6,876.08		256.50
Hamilton.....	12,450.07	7,863.00		4,587.07	2,356.25		55.82
Hardee.....	16,377.70	8,290.00		8,087.70	8,000.00		87.70
Hendry.....	10,328.64	5,206.00		5,122.64	5,077.89		44.75
Hernando.....	9,528.21	5,884.00		3,644.21	1,800.00		44.25
Hillsborough.....	25,042.32	11,326.00		14,716.32	14,171.07	1,800.00	145.25
Holmes.....	391,833.26	70,791.46	39,930.46	321,041.80	274,570.28		46,462.52
Indian River.....	17,495.68	9,918.00		7,577.68	3,754.68	3,750.00	73.00
Jackson.....	19,315.78	9,727.00		9,588.78	9,493.28		95.50
Jefferson.....	36,782.92	17,621.00		19,161.92	15,267.92	600.00	294.00
Lake.....	18,434.28	10,290.00		8,144.28	3,200.00		144.28
Lafayette.....	8,443.08	4,531.00		3,912.08	1,950.00		18.25

TABLE 4—Continued

County	STATE BOARD OF HEALTH			LOCAL FUNDS				
	Total		Federal	County Commissioners	Board of Public Instruction	Cities	Fees and Miscel- laneous	
	Total	State						
Lake.....	75,824.33	25,841.00	3,780.00	40,607.97	.....	8,895.00	480.36
Lee.....	40,237.42	18,708.50	2,587.50	21,270.19	.....	.....	258.73
Leon.....	81,699.37	36,996.60	10,191.60	42,258.89	625.00	1,100.00	718.88	
Levy.....	20,011.06	12,712.93	9,891.00	7,298.13	3,600.00	.....	309.75
Liberty.....	9,539.53	3,951.00	9,931.00	5,188.53	2,728.78	2,550.00	135.43	
Madison.....	17,896.43	10,761.00	15,715.00	7,135.43	3,500.00	.....	664.25
Manatee.....	35,664.25	15,715.00	10,949.25	19,285.00	.....	.....	193.42
Marion.....	52,076.17	21,921.00	21,921.00	30,135.17	20,961.75	.....	60.50
Martin.....	11,901.37	6,039.00	.....	5,862.37	6,801.87	.....	2,326.40
Monroe.....	17,223.08	17,992.00	7,992.00	23,231.08	12,604.88	4,800.00	117.00	
Monroe.....	13,104.00	17,944.00	3,360.00	17,622.48	13,325.48	180.00	390.65	
Nassau.....	30,726.48	14,248.00	.....	11,950.31	9,159.66	.....	266.00
Ocala.....	26,198.31	4,496.00	.....	206.00	.....	.....	.....
Okeechobee.....	4,762.00	4,496.00	15,006.97	70,505.59	46,619.00	2,200.00	11,886.59	
Orange.....	107,089.66	36,583.97	21,577.00	9,014.25	6,000.00	.....	614.25
Oceola.....	18,686.25	9,652.00	.....	86,042.93	66,993.28	.....	5,178.65
Palm Beach.....	120,071.15	34,028.22	11,528.22	7,522.00	4,000.00	3,375.00	147.00	
Pasco.....	18,205.00	10,883.00	29,590.00	216,199.23	194,252.42	.....	21,916.81
Pinellas.....	274,999.23	58,830.00	29,240.00	68,117.58	62,169.34	.....	5,048.24
Polk.....	104,616.96	36,499.38	12,433.38	9,725.58	9,500.08	.....	225.50
Polk.....	23,209.58	13,484.00	.....	11,171.30	10,675.05	.....	496.25
Putnam.....	24,911.30	13,740.00	.....	6,949.51	2,200.00	4,693.26	56.25
St. Lucie.....	17,407.51	10,458.00	2,835.00	23,881.98	23,065.00	.....	826.98
Santa Rosa.....	41,021.98	17,140.00	.....	11,557.89	6,500.00	4,800.00	237.89
Sarasota.....	26,048.89	14,491.00	.....	5,366.99	1,750.00	3,500.00	116.99
Seminole.....	15,048.99	9,679.00	2,860.00	11,443.18	11,277.68	.....	165.50
Sumter.....	13,167.00	10,307.00	.....	6,081.72	5,750.00	250.00	81.72
Suwannee.....	24,610.18	9,394.00	.....	5,534.00	5,500.00	.....	34.00
Taylor.....	8,475.72	6,696.00	.....	98,957.00	84,000.00	200.00	4,957.00
Union.....	12,230.00	38,844.00	3,995.00	4,203.16	4,000.00	.....	203.16
Volusia.....	137,801.00	5,898.34	.....	9,180.08	4,300.00	850.00	130.08
Wakulla.....	10,101.50	9,166.00	.....	9,866.17	4,004.41	720.00	91.76
Walton.....	18,346.08	10,153.00	.....	.....	.....	.....	.....
Washington.....	20,019.17	.....	.....	.....	.....	.....	.....
TOTALS.....	\$3,370,761.69	\$1,123,827.63	\$264,493.29	\$2,246,934.06	\$1,887,386.14	\$71,205.98	\$142,923.39	

FIGURE 1
PROPOSED BUDGET FOR FLORIDA STATE
BOARD OF HEALTH DOLLAR FOR 1954



GENERAL ADMINISTRATION	\$330,183-	4.40%
VITAL STATISTICS	165,020-	2.20%
HEALTH INFORMATION	58,600-	0.80%
NARCOTICS	65,940-	0.90%
SANITARY ENGINEERING	176,340-	2.30%
ENTOMOLOGY	1,734,000-	23.00%
LABORATORY	372,830-	5.00%
PREVENTABLE DISEASES (EXCLUDING TUBERCULOSIS CONTROL)	316,600-	4.20%
TUBERCULOSIS CONTROL	97,860-	1.30%
CHRONIC DISEASES	278,290-	3.60%
MATERNAL AND CHILD HEALTH	92,660-	1.20%
TRAINING	67,210-	0.90%
LOCAL HEALTH SERVICE	103,180-	1.40%
COUNTY HEALTH UNITS	3,676,220-	48.80%
Total	\$7,534,933	ONE DOLLAR

TABLE 5
DISTRIBUTION OF PERSONNEL—STATE BOARD OF HEALTH
(OTHER THAN COUNTY HEALTH DEPARTMENTS)
DECEMBER 31, 1953

Bureau or Division	Physicians	Nurses	Dentists	Sanitary Engineers	Sanitarians	Laboratory Personnel (Professional and Technical)	Health Educators	Nutritionists	Statisticians	Clerical, Administrative and Fiscal	Maintenance and Custodial Workers	Other	Part-Time (All)	Federal Employees	Total
Administration—SHO	1						1			3		2	1		7
Dental Health			1							10					10
Finance and Accounts										6					6
Health Information							2			8					10
Jacksonville	1					27				4		1			33
Miami						11				2		4			18
Orlando						3				1		2			6
Pensacola						2				1		2			5
Tallahassee						3				2		2			7
Tampa						9				3		8			20
Total	1					55				13		40	2	1	112
Local Health Service	2									2					4
Bureau	2									2					4
PH Nursing		4								1					5
Field Advisory Staff	1	2			2					1					6
Field Training Center	3	1			3					7					14
Total	6	7			5					11					23
Maternal and Child Health	1									1					2
Bureau	1									1					2
Mental Health		1								1					2
Total	1	1								2					4
Narcotics							1	2	4	1		1			8
Nutrition and Diabetes Control							1			1					2
Bureau							1			1					2
Cancer Control							1			1					2
Industrial Hygiene							2			10		3			13
Venerable Disease Control							1			1					2
Veterinary Public Health							3			16		3			22
Total	4	8				7	17			28		7			56
Sanitary Engineering				15						5		8			28
Entomology				3		1	15			9					27
TB Control	1									9					10
Bureau	1									9					10
Heart Disease Control										1					1
Total	2									10					11
Vital Statistics							1			38		3			42
Grand Total	12	16	1	18	13	75	23	4	2	135	72	51	8	14	444

* One on Academic Leave.

TABLE 6
DISTRIBUTION OF PERSONNEL IN COUNTY HEALTH
DEPARTMENTS — DECEMBER 31, 1953

Counties	Physicians	Nurses	Dentists	Sanitary Engineering	Sanitarians	Laboratory Personnel (Professional and Technical)	Health Educators	Nutritionists	Statisticians	Clerical, Administrative, and Fiscal	Maintenance and Custodial Workers	Other	Part-Time (All)	Federal Employees	Total
Alachua	1	8			2		1			4			3		19
Baker	1	1			1					1					3
Bay	1	5			3					2	1	1			13
Bradford		2			1					1			1		5
Brevard	2*	3			1					1			2		9
Broward	1	11		1	5					7			1		26
Calhoun		1			1					2					3
Charlotte		1								1					1
Citrus	1*	1			1					1					3
Clay	1*	2			1					1					4
Collier		1			1					1			1		6
Columbia	1*	2			1					1					3
Dade	6	65	1	2	35	1				25	3	4	11		153
De Soto		1			1					1					3
Dixie										1					1
Duval	1	9			4		1			6	3	4	2		30
Escambia	1	9			6					7	1	2	3		29
Flagler		1											1		2
Franklin	1*	1								1			1		4
Gadsden		5			2					2	1				10
Gilchrist		1											1		2
Glades										1					1
Gulf		2			1					1					1
Hamilton		1			1					2			1		5
Hardee	1*	2			1										5
Hendry		1			1					1					3
Hernando		1								1					2
Highlands	1*	2			1					1			1		6
Hillsborough		5	1	2	16				1	19	14	16	12		113
Holmes		2			1					1		1			5
Indian River		2			1					1					4
Jackson	2*	3			2					2	1				10
Jefferson	1*	1			1					1			1		5
Lafayette		1								1					2
Lake	1	6			3					3					13
Lee	1†	4			3					2					10
Leon	1	6			5					5	2	1	5		25
Levy		2			1					1		1			5
Liberty		1								1					2
Madison		1			1					2					2
Manatee	1	4			2					2			1		5
Marion	1	6			2					2					9
Martin		1			1					1		1			13
Monroe	1	3			2					1					3
Nassau	1*	3			1					3	3				12
Okaloosa	1*	3			2					1	1				7
Okeechobee										1			2		9
Orange	1‡	12	1		4					1					1
Osceola		2			2					8		3	8		37
Palm Beach	1	12		1	5					1			1		6
Pasco	1*	2			1					8		1	5		33
Pinellas	3	20	1	1	16	2	1			17	3	7	3		74
Polk	1	8			8					8		1	8		35
Putnam	1*	2			2					1			1		7
Santa Rosa		2			1					1					6
Sarasota	1	6			3					4		2			14
Seminole	1*	2			1					1					6
St. Lucie		2			3					2			2		9
Sumter		1			1					1					4
Suwannee	1*	2			2					1	1				7
Taylor		1			1					1					4
Union		1			1					1			1		3
Volusia	1	12			5	1	1			1					34
Wakulla		1			1					4	4	5	1		3
Walton	1*	2			1					1					6
Washington		2			1					1			1		5
Total	48	307	4	8	174	4	4		1	187	38	51	86		912

* Serves two or more counties—See Roster of County Health Officers.
† One on Academic Leave.
‡ On Terminal Leave.

BUREAU OF VITAL STATISTICS

EVERETT H. WILLIAMS, JR., M.S., Hyg.
Director

This report contains a brief summary of preliminary totals for statistical data for the year 1953 and also covers the activities of the Bureau of Vital Statistics. Final and more detailed statistical data regarding births, stillbirths, deaths, marriages, and divorces will be published separately as a supplement to this annual report under the title, "Florida Vital Statistics, 1953." Another supplement containing more detailed data concerning reported cases of disease will be published under the title, "Florida Morbidity Statistics, 1953."

POPULATION

The mid-year population estimate for the State of Florida for 1953 is 3,111,100 and is divided by race as follows: 2,472,900 white and 638,200 non-white. These estimates were prepared by this Bureau and birth and death rates in this report are based on these figures.

The 1953 civilian population estimate made by the U. S. Census Bureau shows 56,900 more persons and is about 1.8 per cent higher than the estimate of this Bureau. The Census Bureau estimates have not been used in calculations because no information is available for a breakdown of population by race and by counties. A study is being made to determine whether data is available for use of Census Bureau methods in county estimates.

BIRTHS

There were 80,112 resident births for Florida during 1953 and the rate was 25.8 per thousand population. This is the highest number of births and also the highest birth rate on record for this State. The white birth rate was 23.6 and the non-white rate was 33.9 per thousand population. Table 6 shows the number of resident births and birth rates for this State for the period 1931-1953. Preliminary totals of births by color for all counties are shown in Table 8. More detailed data for the year 1953 is not yet available. Final figures for 1952 indicate that 98 per cent of the white and 61 per cent of the non-white births were attended by a physician. A total of 5,989 illegitimate births were recorded during 1952. Of the white births, 2 per cent were registered as illegitimate as compared to 24 per cent for non-white births.

DEATHS

In 1953 there were 30,603 deaths among residents of this State and the death rate was 9.8 per thousand population. The white death rate was 9.4 and was 20 per cent lower than the colored rate of 11.7 per thousand population. The trend of resident deaths in Florida for the years 1931-1953 are shown in Table 6.

For each of the past three years, the death rate has shown a consistent increase of 0.1 over the preceding year. There are two possible explanations for this increase. One is that the State may be growing more rapidly than we estimated. An under-estimation of the population would cause an over-estimation of the death rate. Another possibility is that the increasing death rate is a result of the increasing age of our population.

Deaths by race and a comparison of 1952 and 1953 death rates are shown in Table 7. Heart disease continued to be the leading cause of death and accounted for 34 per cent of all deaths. Other leading causes of death were cancer, cerebral hemorrhage, and accidents.

The tuberculosis death rate continued its remarkable decrease and dropped from 16.7 in 1952 to 9.8 per 100,000 population in 1953. After increasing for the past two years, the infant mortality rate resumed its downward trend and decreased from 34.1 in 1952 to 31.0 deaths per thousand live births in 1953. There was no change in the maternal mortality rate from the preceding year. One increase which is worthy of mention was the influenza death rate which went from 4.6 per 100,000 population in 1952 up to 7.2 in 1953.

MARRIAGES AND DIVORCES

There were 27,278 marriages in Florida during 1953; 354 more than in 1952. The marriage rate was 17.5 persons married per thousand population. The marriage rate for white persons was 17.4 and the non-white rate was 17.9. More detailed marriage data according to age, race, place of residence, and previous marital status will be published in the Vital Statistics supplement to this report. Data for 1952 showed the median age at marriage for brides was 23.8 and was 27.0 for grooms. It was the first marriage for 62 per cent of the brides and 64 per cent of the grooms. Fifty-two per cent of the marriages were the first marriage for both parties.

There were 20,173 divorces and annulments granted in Florida during 1953, a decrease of 93 from the previous year. The divorce and annulment rate was 13.0 persons per thousand population. Data on divorces by race and age are not available in this State.

ACTIVITIES

One of the major new projects started by the Bureau during the year was the machine tabulation of data from the Mass X-Ray Surveys and the Large Film Clinic and Consultation X-Rays made by the Bureau of Tuberculosis Control. This data was previously hand tabulated by personnel of that bureau. The tabulations made by machine methods will contain data which was not practical to obtain by hand methods. Much time was spent during the year on consultation in revising tuberculosis tabulations.

The work load of the Bureau has continued to increase (see Table 12). The number of current certificates received increased 6 per cent over the previous year and there was a 7 per cent increase in paid requests for certifications. There was a 6 per cent increase in fees collected and the total for the year was \$102,649.00. The bureau is in urgent need of additional employees to handle this increase in work load. The number of employees has not been increased since August 1951 while the work load has increased approximately 14 per cent since that date. During the months of August and September, the employees worked 1,003 person-hours overtime to process incoming requests for certified copies. Since money has not been available for the employment of additional clerical personnel, it has been necessary to eliminate many procedures which are thought to be of value. Many valuable checks for accuracy have been stopped so that time would be available for work which is absolutely mandatory.

The 1953 State Legislature enacted a law requiring the courts to send a record of each Legal Change of Name to the Bureau. This was a new responsibility and a total of 407 of these reports were received during the last half of the year.

The Bureau is also desperately in need of additional vault space. It is estimated that the present vault will be completely filled by the middle of 1954 and records will have to be stored outside of the fireproof vault after that time.

A consolidated "Vital Statistics Scoreboard" is shown as Table 11. Counties are listed in order of rank showing their relative efficiency in birth and death registration. A total of forty counties improved their score over the previous year, however, this gain was offset by a decrease in 26 counties and the State average was exactly the same as for the year 1952. Those counties near the top of this scoreboard are to be commended on their excellent results. Other county health departments should analyze their deficiencies and make an effort to persuade those persons responsible for late and inaccurate certificates to mend their ways.

TABLE 7
ACTIVITIES OF THE BUREAU OF VITAL STATISTICS
DURING THE YEARS 1952 AND 1953

Activity	1952	1953	Per cent change
Current certificates filed	152,192	160,792	+ 5.7
Delayed birth certificates filed	4,026	3,398	-15.6
Adoption decrees received	1,629	1,709	+ 4.9
Amended certificates filed for adoptions	1,543	1,804	+16.9
Amended certificates filed for legitimations and correction of parentage	375	500	+33.3
Legal change of name orders		407 (law effective June 1953)	
Requests for certifications			
Fee Paid	63,700	68,199	+ 7.1
Free	19,262	18,871	- 2.0
Photostats made	77,259	77,718	+ 0.6
Birth Registration Cards made	21,158	24,428	+15.5
Fees collected and transmitted to State Treasurer	\$96,705.00	\$102,649.00	+ 6.1

TABLE 8
RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000
POPULATION, FLORIDA, 1931-1953

Year	Population	Births	Birth Rate	Deaths	Rate Death
1953*	3,111,100	80,112	25.8	30,603	9.8
1952	3,006,400	74,219	29.7	29,136	9.7
1951	2,901,800	70,431	24.3	27,857	9.6
1950	2,797,100	64,370	23.0	26,525	9.5
1949	2,692,500	61,642	22.9	25,317	9.4
1948	2,587,800	59,685	23.1	24,505	9.5
1947	2,483,200	60,201	24.2	24,150	9.7
1946	2,378,500	54,347	22.8	22,750	9.6
1945	2,273,900	48,839	21.5	22,594	9.9
1944	2,196,195	49,186	22.4	23,251	10.6
1943	2,125,935	46,783	22.0	23,213	10.9
1942	2,055,675	40,675	19.8	21,144	10.3
1941	1,985,415	37,351	18.8	21,438	10.8
1940	1,915,155	33,696	17.6	21,458	11.2
1939	1,853,660	32,437	17.5	20,209	10.9
1938	1,795,322	31,101	17.3	19,949	11.1
1937	1,736,984	29,529	17.0	19,825	11.4
1936	1,678,646	28,116	16.7	20,050	11.9
1935	1,620,308	28,058	17.3	19,059	11.8
1934	1,585,596	26,722	16.9	19,518	12.3
1933	1,554,000	25,647	16.5	18,112	11.7
1932	1,530,356	27,242	17.8	17,721	11.6
1931	1,502,736	26,789	17.8	17,291	11.5

* 1953 data based upon preliminary totals.

TABLE 9
PRELIMINARY TOTALS FOR DEATHS BY IMPORTANT CAUSES, BY COLOR, FLORIDA, 1953, WITH
DEATH RATES FOR 1953 BY COLOR AND FINAL DEATH RATES FOR 1952

Cause of Death (Numbers in parentheses refer to the International List of causes of death)	1953			1952		
	Deaths			Death Rates (Per 100,000 Population)		
	Total	White	Colored	Total	White	Colored
ALL CAUSES	30,603	23,143	7,460	9.8*	9.4*	11.7*
Tuberculosis of respiratory system (001-008)	280	102	118	9.0	6.6	18.5
Tuberculosis, other forms (010-019)	26	11	15	0.8	0.4	1.2
Syphilis and its sequelae (020-029)	147	60	87	4.7	2.4	5.0
Typhoid fever (040)	2	1	1	0.1	0.1	0.1
Dysentery, all forms (045-048)	19	7	12	0.6	0.3	0.7
Diphtheria (055)	12	3	9	0.4	0.1	0.9
Whooping Cough (056)	4	1	3	0.1	0.1	0.2
Meningococcal infections (057)	33	24	9	1.1	1.0	0.5
Acute poliomyelitis (080)	48	44	4	1.5	1.8	0.6
Acute infectious encephalitis (082)	6	2	4	0.2	0.1	0.3
Measles (086)	2	1	1	0.1	0.1	0.2
Typhus and other rickettsial diseases (100-108)	152	79	73	4.9	3.2	11.4
All other diseases classified as infective and parasitic (030 to 138 with exception of above causes)	4,508	3,840	668	144.9	155.3	139.5
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues (140-205)	419	309	110	13.5	12.5	14.1
Diabetes mellitus (260)	82	51	31	2.6	2.1	2.9
Anemias (280-283)	15,382	12,180	3,202	494.4	492.5	501.7
Diseases of the cardiovascular-renal system	3,596	2,568	1,028	115.0	103.8	147.0
Diseases of the cardiovascular-renal system (330-334)	10,301	8,409	1,892	331.1	342.5	287.1
Diseases of the heart	369	302	67	11.9	12.2	10.5
Chronic rheumatic heart disease (410-416)	7,619	6,594	1,025	244.9	266.7	231.9
Arteriosclerotic and degenerative heart disease (420-422)	1,531	998	533	49.2	40.4	83.5
Hypertension with heart disease (440-443)	782	575	207	26.1	23.3	32.4
Other diseases of heart (430-434)	277	178	99	8.9	7.2	15.5
Hypertension without heart disease (444-447)	793	648	145	25.5	20.2	32.7
Other circulatory diseases (450-468)	505	317	188	16.2	12.8	26.5
Nephritis and nephrosis (580-594)						

TABLE 9—Continued
PRELIMINARY TOTALS FOR DEATHS BY IMPORTANT CAUSES, BY COLOR, FLORIDA, 1953, WITH
DEATH RATES FOR 1953 BY COLOR AND FINAL DEATH RATES FOR 1952

CAUSE OF DEATH (Numbers in parentheses refer to the International List of causes of death)	1 9 5 3						1952 Rates
	Deaths			Death Rates (Per 100,000 Population)			
	Total	White	Colored	Total	White	Colored	
Rheumatic fever (400-402).....	23	11	12	0.7	0.4	1.9	0.9
Influenza (480-483).....	223	99	124	7.2	4.0	19.4	4.6
Pneumonia (490-493).....	796	428	368	25.6	17.3	57.7	25.4
Ulcer of stomach and duodenum (540-541).....	205	159	46	6.6	6.4	7.2	5.5
Intestinal obstruction and hernia (560, 561, 570).....	222	151	71	7.1	6.1	11.1	7.4
Gastritis, duodenitis, enteritis, and colitis, except diarrhea of the newborn (543, 571, 572).....	201	100	101	6.5	4.0	15.8	7.6
Cirrhosis of liver (581).....	335	296	39	10.8	12.0	6.1	11.2
Complications of pregnancy, childbirth, and the puerperium (640-652, 670-689).....	65	23	42	0.8**	0.4**	1.9**	0.8**
Congenital malformations (750-759).....	336	265	71	10.8	10.7	11.1	12.2
Birth injuries, postnatal asphyxia, and atelectasis (760-762).....	661	467	194	21.2	18.9	30.4	20.6
Infection of the newborn (763-768).....	82	30	52	2.6	1.2	8.1	3.3
Other diseases peculiar to early infancy, and immaturity unqualified (769-776).....	782	468	314	25.1	18.9	49.2	26.4
Senility without mention of psychosis, ill-defined and unknown causes (780-795).....	780	419	361	25.1	16.9	56.6	23.6
Motor vehicle accidents (810-835).....	910	709	201	29.2	28.7	31.5	29.8
All other accidents (800-802, 840-842).....	1,226	878	348	39.4	35.5	54.5	37.2
Suicide and self-inflicted injury (963, 970-979).....	342	319	23	11.0	12.9	3.6	11.7
Homicide and operations of war (984, 985, 980-990).....	345	93	252	11.1	3.8	39.5	11.3
All other diseases (Residual).....	1,941	1,449	492	62.4	58.6	77.1	50.9
Infant mortality (deaths under one year of age).....	2,487	1,415	1,072	31.0**	24.2**	49.5**	34.1**

* Rate per 1,000 population.

** Rate per 1,000 live births.

*** Rate less than 0.05.

TABLE 10
ESTIMATED POPULATION AND PRELIMINARY TOTALS OF
BIRTHS, DEATHS, AND INFANT DEATHS BY
COLOR, FLORIDA, 1953

Counties	Estimated Population 1953	BIRTHS			DEATHS			INFANT DEATHS		
		Total	White	Colored	Total	White	Colored	Total	White	Colored
STATE.....	3,111,100	80,112	58,469	21,643	30,603	23,143	7,460	2,487	1,415	1,072
Alachua.....	61,950	1,387	893	494	479	241	238	43	23	20
Baker.....	6,320	202	143	59	58	36	22	6	4	2
Bay.....	42,720	1,515	1,192	323	304	236	68	46	35	11
Bradford.....	11,910	267	185	82	108	77	31	9	6	3
Brevard.....	26,430	1,311	1,065	246	332	252	80	33	21	12
Broward.....	105,660	2,940	1,811	1,129	1,034	756	278	100	40	60
Calhoun.....	7,920	227	192	35	67	52	15	9	5	4
Charlotte.....	4,320	71	61	10	79	67	12	3	1	2
Citrus.....	6,510	134	87	47	65	48	17	5	4	1
Clay.....	17,130	560	475	85	121	93	28	9	5	4
Collier.....	7,510	212	148	64	68	46	22	15	10	5
Columbia.....	18,880	469	286	183	186	112	74	20	6	14
Dade.....	612,900	13,442	10,478	2,964	5,330	4,583	747	352	247	105
De Soto.....	10,800	175	119	56	101	78	23	12	7	5
Dixie.....	3,900	106	86	20	31	21	10	9	6	3
Duval.....	324,600	9,740	7,214	2,526	3,042	2,001	1,041	281	164	117
Escambia.....	117,900	4,614	3,600	1,014	966	626	340	163	88	75
Flagler.....	3,850	125	59	66	42	25	17	3	1	2
Franklin.....	5,800	149	102	47	68	39	29	3	0	3
Gadsden.....	40,010	1,025	300	725	319	109	210	48	14	34
Gilchrist.....	3,630	78	65	13	31	21	10	1	0	1
Glades.....	2,200	44	21	23	20	16	4	1	1	0
Gulf.....	7,830	261	171	90	58	37	21	9	4	5
Hamilton.....	9,150	257	107	150	99	45	54	10	2	8
Hardee.....	11,070	224	195	29	103	95	8	11	9	2
Hendry.....	6,630	165	105	60	60	32	28	13	4	9
Hernando.....	7,300	182	105	77	66	44	22	4	1	3
Hillsborough.....	14,900	386	253	133	164	121	43	10	6	4
Holmes.....	14,010	300	285	15	124	114	10	10	10	0
Indian River.....	13,690	362	233	129	137	105	32	6	4	2
Jackson.....	34,750	914	561	353	320	186	134	20	9	11
Jefferson.....	10,410	305	86	219	129	48	81	15	4	11
Lafayette.....	3,440	56	49	7	16	14	2	1	1	0
Lake.....	41,800	919	634	285	410	320	90	33	15	18
Lee.....	23,410	659	481	178	283	214	69	17	10	7
Leon.....	56,300	1,448	817	631	437	217	220	57	22	35
Levy.....	11,060	255	122	133	106	63	43	10	5	5
Liberty.....	3,180	94	78	16	33	21	12	4	3	1
Madison.....	14,210	445	177	268	162	72	90	23	4	19
Manatee.....	39,820	868	569	299	512	415	97	27	9	18
Marion.....	40,170	1,002	529	473	452	242	210	34	13	21
Martin.....	8,970	195	104	91	96	62	34	9	6	3
Monroe.....	37,110	1,274	1,137	137	243	185	58	28	24	4
Nassau.....	14,150	408	262	146	130	75	55	12	5	7
Okaloosa.....	34,920	1,471	1,402	69	192	169	23	34	31	3
Okeechobee.....	3,750	98	74	24	47	33	14	3	2	1
Orange.....	133,600	3,639	2,824	815	1,414	1,158	256	107	72	35
Osceola.....	11,950	252	196	56	220	193	27	12	9	3
Palm Beach.....	121,550	3,034	1,920	1,114	1,363	1,001	362	116	49	67
Pasco.....	25,000	481	382	99	252	208	44	13	8	5
Pinellas.....	178,070	3,155	2,481	674	2,812	2,572	240	75	38	37
Polk.....	132,000	3,506	2,592	914	1,219	922	297	124	79	45
Putnam.....	27,390	746	445	301	272	148	124	26	9	17
St. Johns.....	27,200	606	368	238	293	180	113	10	2	8
St. Lucie.....	24,900	625	314	311	239	156	83	36	13	23
Santa Rosa.....	19,550	618	551	67	160	133	27	21	17	4
Sarasota.....	35,090	713	552	161	453	398	55	23	13	10
Seminole.....	28,430	852	436	416	317	159	158	31	4	27
Sumter.....	11,900	271	175	96	115	79	36	8	5	3
Suwannee.....	17,010	429	290	139	158	102	56	9	6	3
Taylor.....	10,400	265	176	89	109	64	45	12	6	6
Union.....	7,440	94	59	35	42	32	10	2	1	1
Volusia.....	84,450	1,665	1,180	485	1,020	801	219	71	43	28
Wakulla.....	5,380	114	78	36	41	22	19	4	2	2
Walton.....	15,290	403	333	70	134	113	21	14	11	3
Washington.....	11,890	262	197	65	104	81	23	11	6	5

TABLE 11
PRELIMINARY TOTALS FOR RESIDENT DEATHS FROM
SELECTED CAUSES BY COUNTIES, FLORIDA, 1953

Counties	Maternal Deaths	Tuberculosis	Syphilis	Dysentery (All Forms)	Whooping Cough	Polio-myelitis	Malignant Neoplasms (Cancer)	Diabetes	Anemias	Influenza and Pneumonia	CARDIO-VASCULAR-RENAL DISEASES				Motor Vehicle Accidents	Other Accidents
											Cerebral Hemorrhage, etc.*	Heart Disease	All Other Circulatory Diseases	Nephritis and Nephrosis		
FLORIDA...	65	306	147	19	4	48	4508	419	82	1019	3506	10,301	1070	505	910	1226
Alachua.....	2	3	0	0	0	0	54	8	1	20	61	153	12	11	18	20
Baker.....	0	2	0	0	0	0	4	1	0	4	10	10	2	0	6	0
Bay.....	2	2	1	1	0	0	44	2	1	6	36	90	9	6	9	13
Bradford.....	0	1	0	0	0	0	12	0	0	3	11	43	4	2	4	5
Brevard.....	0	2	4	0	0	2	50	6	0	8	47	113	4	2	17	22
Broward.....	0	11	3	2	0	0	160	17	4	49	109	338	37	14	27	41
Calhoun.....	0	0	1	0	0	0	7	0	0	3	6	20	1	3	2	5
Charlotte.....	0	1	0	0	0	0	13	0	0	7	11	25	3	1	3	4
Citrus.....	0	0	1	0	0	0	12	0	0	2	9	16	2	3	3	3
Clay.....	0	0	0	0	0	1	9	2	1	11	15	46	3	1	5	8
Collier.....	1	1	0	0	0	0	7	0	0	8	5	14	2	0	2	6
Columbia.....	3	1	0	0	0	0	19	3	1	10	31	59	6	2	6	5
Dade.....	6	69	26	0	2	5	947	93	13	140	494	1,833	206	60	143	179
De Soto.....	0	0	1	0	0	0	14	3	0	0	14	35	2	3	2	2
Dixie.....	0	0	0	0	0	0	4	0	0	3	0	8	1	0	4	2
Duval.....	4	48	30	1	0	7	465	34	14	125	358	950	91	63	66	131
Escambia.....	5	6	5	0	0	0	107	10	2	31	84	273	21	16	37	53
Flagler.....	0	0	0	0	0	0	7	1	0	3	9	11	3	0	2	4
Franklin.....	0	1	1	0	0	0	12	0	0	3	8	18	1	1	1	1
Gadsden.....	2	5	2	1	0	0	28	5	2	20	44	91	5	5	13	16
Gilchrist.....	0	0	0	0	0	0	7	0	0	0	2	14	0	2	1	1
Glades.....	0	0	0	0	0	0	3	0	0	0	3	7	0	0	2	1
Gulf.....	0	1	1	0	0	0	3	1	0	5	7	12	1	1	4	6
Hamilton.....	1	2	2	0	0	0	8	4	0	4	18	17	4	4	4	3
Hardee.....	1	3	1	0	0	0	11	3	1	2	10	32	4	2	1	3
Hendry.....	0	0	1	0	0	0	6	1	0	9	5	17	2	0	3	0
Hernando.....	0	3	0	0	0	0	10	0	0	0	11	12	1	2	8	5
Highlands.....	1	1	2	1	0	0	15	2	1	4	28	48	11	10	5	8
Hillsborough.....	9	24	13	2	1	2	412	41	9	66	242	894	77	47	89	50
Holmes.....	1	1	0	0	0	0	8	0	2	5	14	36	4	2	11	9
Indian River.....	0	1	2	0	0	0	24	2	0	2	7	55	7	1	6	8
Jackson.....	1	2	0	2	0	0	37	4	1	14	49	85	10	10	14	23
Jefferson.....	2	1	1	0	0	0	7	1	0	6	24	34	4	7	5	5
Lafayette.....	1	0	0	0	0	0	3	0	0	0	1	4	0	0	0	1
Lake.....	2	2	1	1	0	1	55	6	1	11	41	162	13	5	17	15
Lee.....	0	1	2	0	0	1	42	6	0	14	30	91	16	1	13	11
Leon.....	4	4	0	0	0	0	51	2	1	19	42	107	24	19	13	21
Levy.....	0	0	0	0	0	0	18	1	0	4	15	31	2	1	3	8
Liberty.....	0	0	0	0	0	0	4	0	0	1	4	13	0	0	1	3
Madison.....	1	1	1	0	0	0	17	2	0	8	29	40	3	6	2	11
Manatee.....	2	2	7	1	0	0	67	12	2	15	57	198	24	13	11	20
Marion.....	2	6	3	0	0	0	57	6	2	12	54	145	11	8	17	21
Martin.....	0	0	1	0	0	0	9	1	0	2	17	33	2	0	3	2
Monroe.....	0	1	0	0	0	6	32	0	1	12	18	68	17	4	6	9
Nassau.....	0	1	0	0	0	0	14	3	1	4	21	34	9	7	2	6
Okaloosa.....	1	1	0	0	0	0	14	0	0	7	22	51	4	4	20	6
Okeechobee.....	0	1	0	0	0	0	4	0	0	0	2	19	7	1	1	6
Orange.....	1	17	7	0	1	10	236	15	1	39	169	505	35	12	37	52
Osceola.....	0	3	1	0	0	0	20	3	1	5	39	81	14	3	2	14
Palm Beach.....	1	17	7	0	0	4	219	24	2	44	162	465	38	11	49	51
Pasco.....	0	2	1	0	0	0	33	2	0	4	31	94	11	9	9	12
Pinellas.....	3	19	5	0	0	1	468	29	5	50	409	1119	131	29	38	110
Polk.....	2	7	2	3	0	2	152	9	4	49	141	428	47	17	50	34
Putnam.....	1	3	0	0	0	0	27	8	0	19	23	87	5	22	6	19
St. Johns.....	0	4	0	0	0	0	52	7	2	10	24	99	10	6	4	11
St. Lucie.....	0	1	2	0	0	0	25	3	0	12	28	84	6	5	4	9
Santa Rosa.....	0	3	0	0	0	1	18	2	0	8	15	59	6	1	4	11
Sarasota.....	0	1	2	0	0	2	75	4	1	5	49	185	16	11	12	17
Seminole.....	0	1	2	2	0	0	42	2	1	23	40	103	12	6	18	15
Sumter.....	1	0	0	1	0	0	12	2	0	4	25	40	4	0	3	6
Suwannee.....	1	3	0	1	0	1	18	2	0	10	17	51	5	0	4	9
Taylor.....	0	3	2	0	0	0	12	1	1	10	14	27	7	4	4	2
Union.....	0	0	0	0	0	0	3	0	0	2	9	16	2	0	2	2
Volusia.....	1	6	2	0	0	1	153	19	3	26	140	373	36	17	23	32
Wakulla.....	0	0	0	0	0	0	3	1	0	2	1	10	1	2	3	2
Walton.....	0	1	0	0	0	0	19	2	0	9	18	41	10	0	3	5
Washington.....	0	2	1	0	0	0	8	1	0	6	17	29	2	0	3	4

* Includes all Vascular Lesions of Central Nervous System.

TABLE 12
MARRIAGES BY COLOR, DIVORCES, AND ANNULMENTS
FOR FLORIDA AND EACH COUNTY, 1953

Counties	MARRIAGES			Divorces	Annulments
	Total	White	Colored		
FLORIDA.....	27,278	21,552	5,726	19,969	170
Alachua.....	328	208	120	249	2
Baker.....	37	25	12	299	2
Bay.....	402	318	84	131	8
Bradford.....	80	63	17	587	4
Brevard.....	303	233	70	537	4
Broward.....	1,629	1,214	415	612	4
Calhoun.....	22	19	3	42	.....
Charlotte.....	64	59	5	17	.....
Citrus.....	59	46	13	44	.....
Clay.....	80	66	14	81	.....
Collier.....	106	87	19	23	.....
Columbia.....	121	76	45	82	.....
Dade.....	6,084	5,276	808	4,923	45
De Soto.....	82	55	27	10	.....
Dixie.....	17	12	5	32	.....
Duval.....	2,003	1,491	512	912	4
Escambia.....	727	597	130	821	20
Flagler.....	84	56	28	138	.....
Franklin.....	59	44	15	18	1
Gadsden.....	142	54	88	77	.....
Gilchrist.....	56	38	18	6	.....
Glades.....	27	13	14	5	.....
Gulf.....	62	48	14	26	.....
Hamilton.....	45	23	22	20	1
Hardee.....	119	105	14	320	3
Hendry.....	104	71	33	21	.....
Hernando.....	100	82	18	31	.....
Highlands.....	168	124	44	144	.....
Hillsborough.....	2,652	2,236	417	1,276	13
Holmes.....	35	30	5	41	.....
Indian River.....	162	114	48	57	1
Jackson.....	168	97	71	85	.....
Jefferson.....	55	19	36	10	.....
Lafayette.....	17	13	4	6	.....
Lake.....	308	213	95	215	1
Lee.....	257	193	64	130	1
Leon.....	362	215	147	341	2
Levy.....	87	56	31	29	.....
Liberty.....	10	9	1	16	.....
Madison.....	61	42	19	37	.....
Manatee.....	344	272	72	72	.....
Marion.....	290	182	108	208	1
Martin.....	119	90	29	25	.....
Monroe.....	476	428	48	301	.....
Nassau.....	51	41	10	29	.....
Okaloosa.....	172	152	20	164	.....
Okeechobee.....	48	35	13	10	.....
Orange.....	1,217	939	278	421	1
Osceola.....	181	136	45	15	.....
Palm Beach.....	1,408	1,019	389	673	4
Pasco.....	275	230	45	103	1
Pinellas.....	1,665	1,434	231	729	3
Polk.....	1,271	1,001	270	1,055	15
Putnam.....	196	122	74	862	13
St. Johns.....	189	151	38	641	6
St. Lucie.....	232	143	89	121	2
Santa Rosa.....	77	69	8	61	.....
Sarasota.....	372	311	61	164	.....
Seminole.....	276	161	115	157	.....
Sumter.....	111	84	27	102	1
Suwannee.....	103	74	29	57	1
Taylor.....	56	43	13	32	.....
Union.....	25	21	4	13	.....
Volusia.....	638	515	123	1,384	7
Wakulla.....	32	21	11	13	.....
Walton.....	78	69	9	68	.....
Washington.....	92	70	22	38	.....

TABLE 13
VITAL STATISTICS SCOREBOARD
 Based on Promptness and Completeness of Certificates Filed in 1953

County	Rank	Percent of Certificates Filed on Time		Percent of Complete Certificates		Percent of Monthly Reports Submitted on Time	Total Score (Maximum=500)	Change from 1952 Total Score
		Births	Deaths	Births	Deaths			
Wakulla.....	1	100	96	100	96	100	492	0
Dade.....	2	92	99	99	98	100	488	+6
Seminole.....	3	99	98	99	98	92	486	+18
De Soto.....	4	98	100	97	99	92	486	+1
Bradford.....	5	91	97	97	100	100	485	+16
Suwannee.....	6	96	100	98	98	92	484	+3
Hernando.....	7	90	97	99	98	100	484	-5
Martin.....	8	99	96	99	97	92	483	-14
Okeechobee.....	9	96	93	96	98	100	483	+14
Charlotte.....	10	100	99	100	91	92	482	+36
Franklin.....	11	97	91	98	96	100	482	+3
Broward.....	12	85	98	99	99	100	481	+24
Madison.....	13	91	98	98	92	100	479	+39
Holmes.....	14	96	84	98	100	100	478	+7
Sarasota.....	15	91	99	98	98	92	478	-3
Volusia.....	16	90	92	98	98	100	478	+9
Manatee.....	17	97	99	98	97	83	474	-17
Pasco.....	18	86	94	97	97	100	474	+4
Palm Beach.....	19	83	94	99	98	100	474	+15
Leon.....	20	85	91	99	98	100	473	+2
Marion.....	21	82	94	99	98	100	473	+3
Escambia.....	22	79	97	99	98	100	473	+11
St. Lucie.....	23	81	92	99	99	100	471	+13
St. Johns.....	24	97	94	99	97	83	470	-3
Osceola.....	25	85	89	97	99	100	470	+33
Polk.....	26	80	94	99	97	100	470	-7
Hillsborough.....	27	90	98	99	99	83	469	+17
Baker.....	28	94	97	90	87	100	468	+4
Brevard.....	29	84	86	99	98	100	467	+4
STATE.....		83	93	99	98	93	466	0
Lake.....	30	87	84	97	97	100	465	-5
Washington.....	31	79	88	98	99	100	464	+5
Citrus.....	32	74	98	93	98	100	463	+61
Lee.....	33	75	98	98	97	92	460	-6
Gilchrist.....	34	81	89	100	89	100	459	+9
Santa Rosa.....	35	85	93	98	98	83	457	+9
Clay.....	36	83	76	100	98	100	457	+11
Okaloosa.....	37	71	91	98	96	100	456	+24
Putnam.....	38	91	78	96	98	92	455	+7
Orange.....	39	81	89	96	96	92	454	-17
Levy.....	40	79	78	99	98	100	454	-3
Bay.....	41	69	89	99	96	100	453	+10
Dixie.....	42	67	97	99	97	92	452	-3
Pinellas.....	43	73	88	99	99	92	451	-42
Monroe.....	44	84	84	99	98	83	448	+23
Sumter.....	45	78	81	96	92	100	447	-9
Highlands.....	46	67	86	98	95	100	446	+5
Columbia.....	47	82	90	99	98	75	444	-3
Jefferson.....	48	61	94	98	99	92	444	+12
Nassau.....	49	74	90	98	98	83	443	+9
Hardee.....	50	70	96	96	98	83	443	+17
Glades.....	51	57	100	86	100	100	443	-43
Flagler.....	52	86	83	98	100	75	442	-8
Union.....	53	76	93	95	95	83	442	-1
Duval.....	54	81	95	97	99	58	430	-16
Alachua.....	55	68	74	99	97	92	430	+8
Gadsden.....	56	63	75	99	97	92	426	-9
Collier.....	57	71	70	92	98	92	423	+9
Jackson.....	58	71	67	96	95	92	421	-8
Indian River.....	59	76	74	99	96	75	420	+31
Calhoun.....	60	70	78	95	84	92	419	-12
Walton.....	61	55	89	99	99	75	417	-49
Hamilton.....	62	64	70	95	82	100	411	+16
Gulf.....	63	62	80	97	94	75	408	-37
Liberty.....	64	63	76	84	86	92	401	-12
Hendry.....	65	47	71	95	92	92	397	+39
Lafayette.....	66	54	83	88	83	75	383	-24
Taylor.....	67	33	74	96	96	83	382	-22

BUREAU OF LOCAL HEALTH SERVICE

GEORGE A. DAME, M.D., Director

Only major activities and accomplishments of this Bureau and its component groups, will be discussed in this report. As usual, separate reports are made by the Division of Public Health Nursing, Field Training Center and Field Advisory Staff.

The 1953 session of the Florida Legislature increased its appropriation of funds for allocation to county health units from \$850,000 to \$1,100,000 per annum. This increase became available on July 1, 1953 and was a life saver to many of the smaller health departments, and strengthened needy programs in all of them.

Federal grants-in-aid to the State Board of Health for the fiscal year beginning July 1, 1953 were severely reduced. Considerable sacrifices were made in state-level plans in order to minimize the reduction of funds made available to the counties. However, the amount of funds allocated to the counties from grants-in-aid distributed on the formula was reduced from \$169,000 to \$109,000 for the year, or approximately 35.5 per cent. A further reduction in federal funds is anticipated for the next budget year.

In addition to federal funds allocated to the counties on the formula, other funds were granted to some of the counties for special programs. The counties also had the benefit of certain programs which were financed on the State level.

As of December, 1953 the counties were contributing to their county health departments at the rate of 86 cents per capita (based on the 1950 federal census). This is a fraction more than 10 per cent over the 78 cents per capita contributed in the previous fiscal year. The largest contribution is \$2.12 per capita from *Glades* County, and the lowest is 39 cents per capita from *Pasco* County. However, it should be said that *Pasco* has almost doubled its contribution in the past three years and we have every reason to believe that it will double again within the next three years.

For some years *Santa Rosa* County Health Department has been associated with the *Escambia* County Health Department under the direction of one health officer. It was deemed wise to detach *Santa Rosa* County and to associate it with *Okaloosa* County to form a new health unit. At the same time *Washington* County was detached from *Jackson* and attached to the *Walton* and *Holmes* Unit. *Calhoun* was then detached from *Gadsden* and *Liberty* and was attached to *Jackson*. All of these changes were agreed upon by the County

Commissioners in each of the counties affected. The changes went into effect on October 1, 1953.

Following long and careful investigation and consideration, and after many conferences between members of the *Palm Beach* County Board of County Commissioners, the West Palm Beach City Commissioners and personnel of the State Board of Health, the County Commissioners and the City Commissioners voted to consolidate the *Palm Beach* County Health Department and the West Palm Beach City Health Department into one unit. The plans were completed in December, 1953 for the establishment of the combined health department as of January 1, 1954. Dr. Clarence L. Brumback, County Health Officer and Dr. W. E. VanLandingham, City Health Officer are congratulated for doing splendid work in effecting the union of the two departments. Dr. Brumback will remain as health officer. Dr. VanLandingham has for many years been the able and efficient health officer of the City of West Palm Beach. He has for some time desired to retire but had consented to remain on the job in order to work for consolidation.

As usual in annual reports of the Bureau of Local Health Service some of the most interesting reports from county health departments are included. These are not the only interesting things that might be written about but on account of space only a limited number of items may be selected. Emphasis has been placed upon the construction of health department centers and other interesting and unusual programs. As a whole, public health in the county health departments has shown a very satisfactory advancement.

In 1953 the *Jackson* County Commissioners took the necessary steps to secure Federal funds under the Hill-Burton Act to be used for the construction of a new health department building. Land for the new building was secured from the Board of Trustees of *Jackson* County Hospital. The site is on the north side of the hospital grounds, with ample space for parking. An architectural firm is presently preparing the preliminary sketches. The exterior of the one-story building will conform to the styling of the *Jackson* County Hospital. New furnishings will be used throughout. The sum of approximately \$70,000 has been allocated for this project. When this new building is completed *Jackson* County Health Department will have one of the best centers instead of the worst center in the State. Dr. H. I. Langston is to be congratulated upon his very successful efforts in securing this new building. Dr. A. K. Husband has faithfully followed through.

In *Clay* County an auxiliary health center is nearing completion in the rural community of Middleburg. This community and several

small nearby ones are some twenty to thirty miles distant from the headquarters of the health department in Green Cove Springs. The public health nurse in that district, Mrs. Grace Horn, discussed the need for a small health center with several individuals and developed quite a bit of interest in the Parent-Teacher Association, The Middleburg Civic Club, the Bird Club, the Dads Club, as well as many local business men. The Middleburg Civic Club sponsored the project and provided a building for renovation. It is interesting to note that funds not only were donated by various groups but money was raised through various projects such as dances and suppers. The building will be quite adequate and will have all necessary facilities. This project shows what can be accomplished in small communities and reflects great credit on Dr. A. Y. Covington and his staff.

Dr. Warren T. Weathington writes very interestingly of the public health survey which has been conducted in *Gulf* County. Comprehensive questionnaires were devised for the purpose of the survey covering such questions as immunization status, infectious diseases, amount of illness in family, environmental sanitation, hospital insurance and services received by the family from private physician, health department or other agency. The chairman of the committee that drew up this questionnaire was headed by Doctor Wayne Hendrix of Port St. Joe. Captains were appointed for each district in the county. An attempt was made to have one hundred families for each captain. Each captain then would have five enumerators assisting him. There were twenty-three captains and one hundred twenty-five enumerators. These were all carefully drilled before starting out on their work. The survey was organized and conducted by the *Gulf* County Health Council with Mrs. Alton Dendy of Port St. Joe as chairman. Miss Enid Mathison, Assistant Director of the Division of Public Health Nursing, was very helpful in organizing and conducting the survey. At the last report 2,322 families or 95 per cent of all the families in the county had been interviewed. Some of the interesting things developed by the survey are that 75 per cent of all families are covered by prepaid hospital and medical insurance; 30 per cent of the six year old children had not been immunized against diphtheria and pertussis. Dr. Weathington will be asked to make a final and complete report. This will be dittoed and presented to the county health officers of the State. What has been said about this report does not indicate the intense interest in public health that was developed nor the far reaching results it will have.

Dr. J. C. McSween, Health Officer of *Escambia* County and the director of sanitation, Mr. B. G. Tennant and other personnel have done an outstanding job in sanitation. The activities of the sanitation

division greatly increased in 1953. Garbage control laws were passed by the legislature, which placed the responsibility for garbage control in the hands of the County Health Department. The Board of County Commissioners appropriated \$129,800 for the operation of sanitary landfills and an arthropod project. Two sanitary landfills and one trash dump have been established. This is the first time in the history of *Escambia* County that centralized dumping areas have been made available to the public and to commercial operators. A complete sanitary survey of all schools, public and parochial, was made. This survey was printed in pamphlet form with deficiencies and recommendations shown. One new plumbing inspector was added to the staff. Two sewage treatment plants were constructed, one privately owned and one government owned. The filing and paper work of the sanitation division was completely overhauled; new lighting was installed and the office air conditioned.

Dr. Raymond N. Nelson, director of the *Walton-Holmes-Washington* Unit has inaugurated steps for securing new health center buildings in *Walton* and *Washington* Counties. It is felt that Doctor Nelson will be quite successful in the construction of these two centers. It should be mentioned that he was successful in getting very modern health center buildings constructed in *Holmes* and *Okaloosa* Counties. As a result of a conference between the public health nurse and Superintendent of Public Instruction of *Washington* County, a meeting was called for the purpose of forming a School Health Council, in order to better coordinate the services available in the county. The following civic organizations were represented: Kiwanis Club, Woman's Club, Lions Club and also present were the public health nurse, county health officer, a welfare visitor, a county commissioner, a private physician, Parent-Teacher Association's Health Committee, and members of the *Washington* County Educational Association. The Council was formed and much good has resulted. A teacher for exceptional children was secured. A local Chapter for Exceptional Children is under way. Training is provided for the making of ear molds for children who need hearing aids, both indigent and those who can pay. Eighteen hundred children have had their hearing tested (colored and white). Teachers interested in exceptional children are being recruited. Civic clubs are more health conscious. Approximately twenty-five pairs of glasses have been purchased for indigent children.

From *Citrus* County the following report has been received: In February, 1953, a county-wide group of interested people met to consider organizing a Child Health Council. From this the *Citrus* County Consolidated was organized — the object being to aid underprivileged white children, preschool age through sixteen, as regards medical,

surgical, dental, optical corrections. In some cases, sanitary facilities are to be considered. The membership consists of one director from each organization listed as having pledged financial assistance. This includes financial support from the County Commissioners with the public health nurse being their representative. Nineteen lectures were given by health department personnel prior to the organization with twenty-six groups actively participating. Statements are sent quarterly to the sponsoring clubs giving information concerning completed and pending cases, the districts they are located in, and a financial report. The money is used as a rotating fund and is paid back into the organization by the assisted families on reasonable monthly terms. It is hoped that Dr. H. F. Bonifield will be able to interest the groups in including negro children.

The outstanding and significant activities of the *Calhoun* County Health Department for 1953 are as follows: Working with the Board of County Commissioners, the site for a new health department building has been purchased and plans are underway to begin construction as soon as possible. The County Health Department has purchased a new Ampro 16 MM projector. A visual education program has already begun with an excellent response from the public. A wide-range program is looked forward to for next year in this field. The planning and advertising from the local level has been done for a mosquito control program that has been worked on for many years. A sanitary survey of private premises has been made in three sections of the county: North Blountstown, Altha, and Kinard in an effort to improve toilet facilities, water supplies, screening, etc. Some improvement has been made in these areas. The work on this project will be continued next year by means of the visual education program. Some pit privies will be built by the agriculture classes of the various schools. A very active health committee has been organized in Blountstown. This program is doing good work through the public health nurse, the P.T.A. and the school.

From Dr. J. B. Hall comes the following report on a very cooperative program in *Lake* County: "Excellent cooperation between health department, schools, welfare, and the community has resulted in active participation in the several Health and Welfare Councils in the county. The public health nurses and the sanitarians are responsible for attending the meetings in their respective districts. The memberships consist of representatives from the official agencies, voluntary organizations, civic groups, P.T.A.'s, and Dads' Clubs. The main job is improving the health of the individual and the community. It is also a means of coordinating the health work of the schools and the agencies and a resource for utilizing community

facilities. The public health nurses are finding their groups an excellent medium of contact for obtaining needed correction of defects for children and adults, and also a great time saver. Our school health program has been improved by the public health nurses working closely with the visiting teachers from the Department of Public Instruction. Many more referrals for health services have been noted."

From down in *Hillsborough* County Dr. Frank V. Chappell and his personnel are still very much interested in building. A part of a report from that county is here quoted: "The first center to be started and completed was in Ruskin. This center provides very nice, well constructed and convenient quarters for the Ruskin area. It actually conforms with the county buildings which houses offices of the Tomato Festival organization as well as the home demonstration agent and the farm agent; it is an addition to this building. This center provides a large waiting room, adequate clinic rooms and offices for the nurse and sanitarian in the area. The building was dedicated last spring and named the Joyce Ely Health Center in honor of Miss Ely who has been the public health nurse there for many years. It was constructed through the efforts of the county commissioner in that district with funds allocated by the county commissioners. Floor coverings and heat are provided by the health department through our regular operating funds. Shades, furnishings and certain equipment were furnished by the citizens of the community. The second building to be started and completed was also through the efforts of one of the commissioners to provide better clinic space for the large Negro population centered in this district (in Tampa). It takes the place of two very inadequate clinics which had been set up in the housing projects. This building is of concrete construction and contains about 2,800 square feet of floor space. It provides a very large waiting room, four examining rooms and a dental office. It has also a large utility and work room and also adequate rest rooms. This clinic was built also by funds appropriated for this purpose by the county commissioners and through the use of workmen already employed by the commissioner in his district. The third building project, which should be completed not later than the middle of February, is the addition to the health department here in Tampa, and will make available a little over 4,000 square feet of floor space. It will give us a large waiting room with adequate Maternal and Child Health Clinic facilities as well as space for vital statistics, including a twelve by sixteen foot fire-proof vault. The administrative offices will be there also and a large ladies' lounge for the employees. It will relieve the crowded conditions which now exist in almost every division of the health department."

Mention should be made of the renovation of the health center building in *Pinellas* County. Dr. Robert Rothermel states: "The old Guisinger Building, a former school building over fifty years old, was renovated and enlarged during 1952-53. The health department moved back into this building on June 1, 1953. The one-story wing, added to the Guisinger Building, has approximately 3200 square feet of floor space. The renovations and addition cost around \$117,000. Besides this, practically all furniture was replaced except for a few filing cabinets and desks. The renovated Guisinger Building is a two story structure and has the following rooms in it: Administrative suite consisting of a small waiting room, continuous with secretarial area; three offices which house the health officer, assistant health officer and health educator. Adjoining this is a clerk's office and a storage room. Next comes the dental and hearing clinic suite which includes a waiting room; sound proof hearing testing room and office; two small dental cubicles with dental chairs and equipment; two offices for dentist and dental assistant. Across the hall, on the second floor, are two classrooms, one of which is combined with the library area. Between the classrooms are a small office and a large storage area. The first floor offices are used by the Division of Sanitation, the Division of Nursing, the business manager and assistant, vital statistics clerk, and switchboard. Storage area is also connected to this office. The fourth room on the first floor is a generalized clinic and waiting room. In the wing the space is allocated to the: Main lobby and health card clerks; clinic utility room; blood testing room; office for X-ray Technician; X-ray room and dark room; tuberculosis clerk, tuberculosis control officer, pneumo clinic (which includes fluoroscopy room and waiting room), venereal disease investigator's office, and a small storage area."

From a letter received from Dr. Paul W. Hughes of *Broward* County, December 9, 1953 the following is quoted: "I thought it might be a good idea for the State Board of Health to give some recognition to the City of Hollywood for its three and one-half million dollar bond issue to provide a sanitary sewer system. The folks in Hollywood made a very concerted effort and campaign and yesterday, December 8, they voted twelve to one in favor of the sanitary sewer system bond issue. More amazing to all concerned is that 70 per cent of the freeholders came out to vote on this issue. As far as I know, the City of Hollywood will be head and shoulders above all other cities in Southeast Florida in taking care of their human and commercial waste. As you know, a freeholder's bond issue requires 50 per cent of the vote plus one which is usually a very difficult task, no matter how good the project. The spirit of the people in Hollywood has been truly remarkable to me in their

over-all campaign and the fine results that they achieved. To me this is a high point in the history of sanitation in Southeast Florida and most likely will encourage other cities which need additional or some facilities to make greater efforts to improve their disposition of human waste."

A report from Dr. Chester Nayfield concerning the fine new health center building constructed in Winter Haven, Polk County, in 1953 is here quoted: "The building is an ell-shaped affair of red brick hollow wall construction. The floor plan includes a divided waiting room, VD investigator's office, utility room, two examining rooms, consultation room, dental room, x-ray and developing room. Receptionist office, vital statistics room, director's office, sanitary engineer's office, personnel clerk's office, engineering clerk's office, sanitation laboratory, chart room and two store rooms. There is also an auditorium with 200 seating capacity and a large garage to house the mobile x-ray unit and sanitation equipment. The total cost of the project was \$101,874.00, of which the Federal Government contributed \$40,749.00, the City of Winter Haven contributed \$8,500.00, local donations amounted to \$9,625.00, the County Commissioners contributed \$37,000.00, and \$6000.00 came from a special contribution and the health department budget. The building alone cost \$91,348.00 and equipment approximately \$5,000.00. The remaining funds include architect fees and other miscellaneous items."

From Volusia County, under the direction of Dr. R. D. Higgins, comes reports of several activities which should be mentioned, but only one of which will be included in this report: "We consider outstanding in Vital Statistics the colored tack maps in the director's office. First, there is the map of births by the week in Volusia County. This shows by different colored tacks the number of births attended by the first five most active physicians, and a colored tack for *others*. Second, there is another interesting weekly map of stillbirths and infant deaths, broken down as to white and Negro, and causes of death. These maps are proving helpful to local physicians."

In Manatee County Dr. John Neill has been very active in the promotion of a new health center building at Bradenton to house his county health department. The County Commissioners have appropriated \$39,000 to match funds appropriated under the Hill-Burton Act. Complete details will be given in the next year's report.

One of the outstanding activities of Dr. Frank M. Hall of Alachua County is the promotion of plans for the erection of a very fine health center building in Gainesville. This, also, will be discussed in the next annual report.

Sanitarians constitute the second largest group of persons engaged

in public health work in Florida. As of December 1, 1953, there were 170 employed in the county health departments. An additional thirteen were employed in the bureaus of the State Board of Health; several others were employed in other State agencies. There are needed about sixty more when funds are available for their employment. The standard set up for a satisfactory sanitation program in this State is one sanitarian or engineer for each eight thousand persons.

For some years the State Board of Health has worked toward an improvement of the standards of sanitarians through better education, better training, and better salaries. The specifications of the Merit System now require a baccalaureate degree for all new employees. In-service training at the Gainesville Training Center for a period of three months is required. Sanitarians, as they become eligible, are being given a nine months' course at an accredited school of public health leading to a Masters degree in Public Health. The salary ranges, though considerably increased, are still running quite short of a realistic figure. The lowest salary is \$225 per month. The highest is \$500. A sanitarian can not subsist decently on a salary of \$225 per month for most of them have wives and children. Almost without exception our sanitarians are doing a vast amount of efficient, effective work in the many categories assigned to them. They are a very important group in the public health program in a State that is greatly interested in health, tourists and economics.

For its interesting information and for its historic value there is included in this report a paper entitled "The Growth of Local Health Units in Florida" written by Wilson T. Sowder, M.D., M.P.H., State Health Officer, and published in Volume 68, Number 11, Public Health Reports, November, 1953.

"To a considerable degree, any separation of local health services from services provided by other government echelons is artificial and somewhat illusory. Perhaps some persons interested in the subject would define local health services as those that are completely financed and administered by local governments. If such a definition is accepted and interpreted strictly, Florida would have few local health services to report. In fact, there are few public health services in the State which are not supported to some extent, directly or indirectly, by State or Federal funds and which are free entirely from some legal control, under State or Federal laws. In this paper, therefore, will be described the development of those public health services which are financed and administered, in whole or in part, by local governmental agencies; and it will be left to the reader to accept or reject this definition.

"Facts about local health services during the several centuries of the Spanish regime and during the brief British occupation are fragmentary or lacking. However, in 1821, General Andrew Jackson, in his capacity as Governor of the Territory, issued a proclamation setting up a board of health in Pensacola and appointing a health officer.

"The present State constitution, which was adopted in 1885, not only provides for a State board of health, to have supervision over all public health matters in the State, but also provides that county boards of health 'may be established.' The State Board of Health was established by legislative action in 1889, after a severe yellow fever epidemic, and county boards of health were provided for by statute and appointed within the next several years.

"However, even before the turn of the century, the State health officer had recommended the abolition of the county boards of health and the legislature had complied. This course was taken because each county board of health had not only adopted its own regulations for the control of communicable diseases, especially yellow fever, but these regulations were enforced with varying degrees of zeal, usually too much. Most funds and energy were spent on quarantine procedures, with special emphasis on the exclusion of travelers and goods from areas suspected of infection, and written permission was necessary from each county involved before travel could be undertaken. Such actions resulted in 'Iron Curtains' between the counties of the State, since communicable diseases were frequently present and oftener rumored. The abolition of county boards of health was therefore probably quite justified and necessary in order to end this state of chaos, and to bring about uniformity in health laws,

TABLE 1
GROWTH OF COUNTY HEALTH UNITS IN FLORIDA
FROM 1930 TO 1953, AT 5-YEAR INTERVALS

YEAR	Number of organized counties ¹	POPULATION SERVED ²		Total expenditures ³	Number of persons employed ⁴
		Number	Percent		
1930.....	1	13,136	1	\$ 9,000	4
1935.....	3	76,129	5	41,903	29
1940.....	25	618,541	33	329,654	147
1945.....	36	1,510,520	67	1,243,104	482
1950.....	64	2,511,898	91	2,733,325	755
1953.....	66	2,879,880	93	3,674,320	796

¹ Status as of December 31.

² Population figures from Federal censuses of 1930, 1940, and 1950; State censuses of 1935 and 1945; and estimated data for 1953. Population of cities with independent health departments excluded, except where services limited and majority of services provided by county health department.

³ Expenditures are for the fiscal year beginning July 1.

⁴ Estimated.

regulations, and practices throughout Florida. Following this action, for the next 30 years and more, except in the larger cities and towns, public health services were provided by persons employed directly by the State Board of Health.

County Health Departments

"The present era of local health administration began in 1930 with the passage of a State law authorizing joint financing between counties and administration of county health units by boards of county commissioners and the State Board of Health, and cooperation with cities. Funds were to be deposited in the State treasury to the credit of the county involved. Minimum personnel required included a physician, a public health nurse, a sanitary officer, and a clerk, who were required to devote their entire time to public health work. Personnel were to be appointed by boards of county commissioners with the approval of the State health officer and their salaries were to be fixed by the State health officer with the approval of the board of county commissioners. Multicounty units were authorized with common budgets and personnel.

"This excellent law has been so entirely satisfactory that no attempt has ever been made to change it. Soon after its passage the first

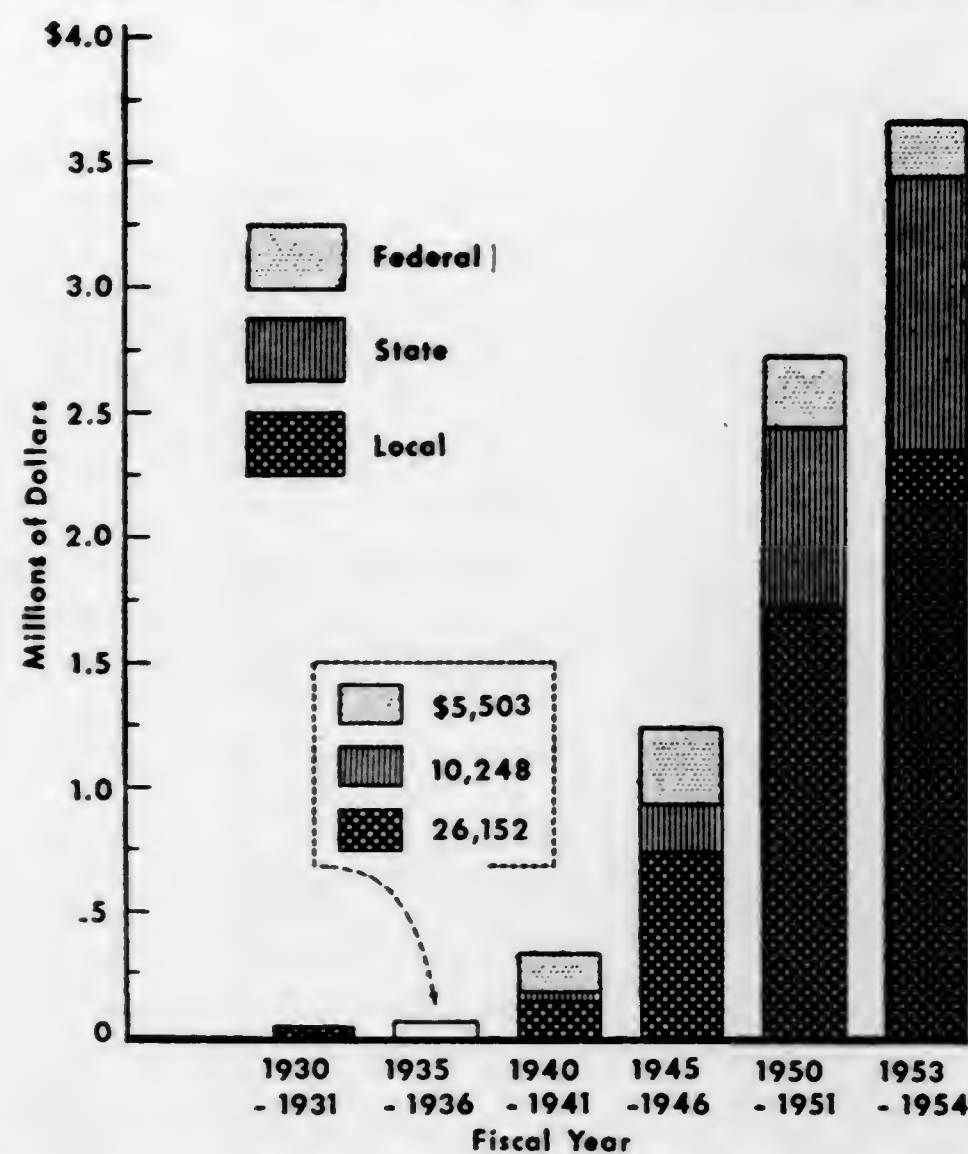
TABLE 2
TOTAL AND PER CAPITA EXPENDITURES OF FLORIDA
COUNTY HEALTH UNITS, BY SOURCE OF FUNDS,
AT 5-YEAR INTERVALS, 1930-53

Source of Funds	FISCAL YEAR					
	1930-31	1935-36	1940-41	1945-46	1950-51	1953-54 ¹
Total Expenditures						
TOTAL.....	\$ 9,000	\$ 41,903	\$329,654	\$1,243,104	\$2,733,325	\$3,674,320
Federal.....	9,000	5,503	148,911	297,879	272,832	208,680
State.....		10,248	47,836	201,246	727,075	1,090,220
Local.....		26,152	132,907	743,979	1,733,418	2,375,420
Per Capita Expenditures						
TOTAL.....	\$ 0.69	\$ 0.55	\$ 0.53	\$ 0.82	\$ 1.09	\$ 1.28
Federal.....	.69	.07	.24	.20	.11	.07
State.....		.13	.08	.13	.29	.38
Local.....		.34	.21	.49	.69	.82

¹ Estimated.

health unit was established in Taylor County, a small rural county in west Florida. Although this unit was discontinued after a short existence, it was soon reinstated and there has been a steady growth of the county health unit system since the passage of the county health unit enabling act. Table 1 shows concisely the increase in the number of organized counties among Florida's 67 counties, the population and percentage of population served, the increase in funds available, and the number of personnel employed. Table 2 shows expenditures and per capita expenditures by source, for each of the 5-year periods since 1930. Figure 1 shows graphically the

Figure 1—Total expenditures and sources of funds of Florida county health units.
(All 1930-31 funds were from Federal sources.)

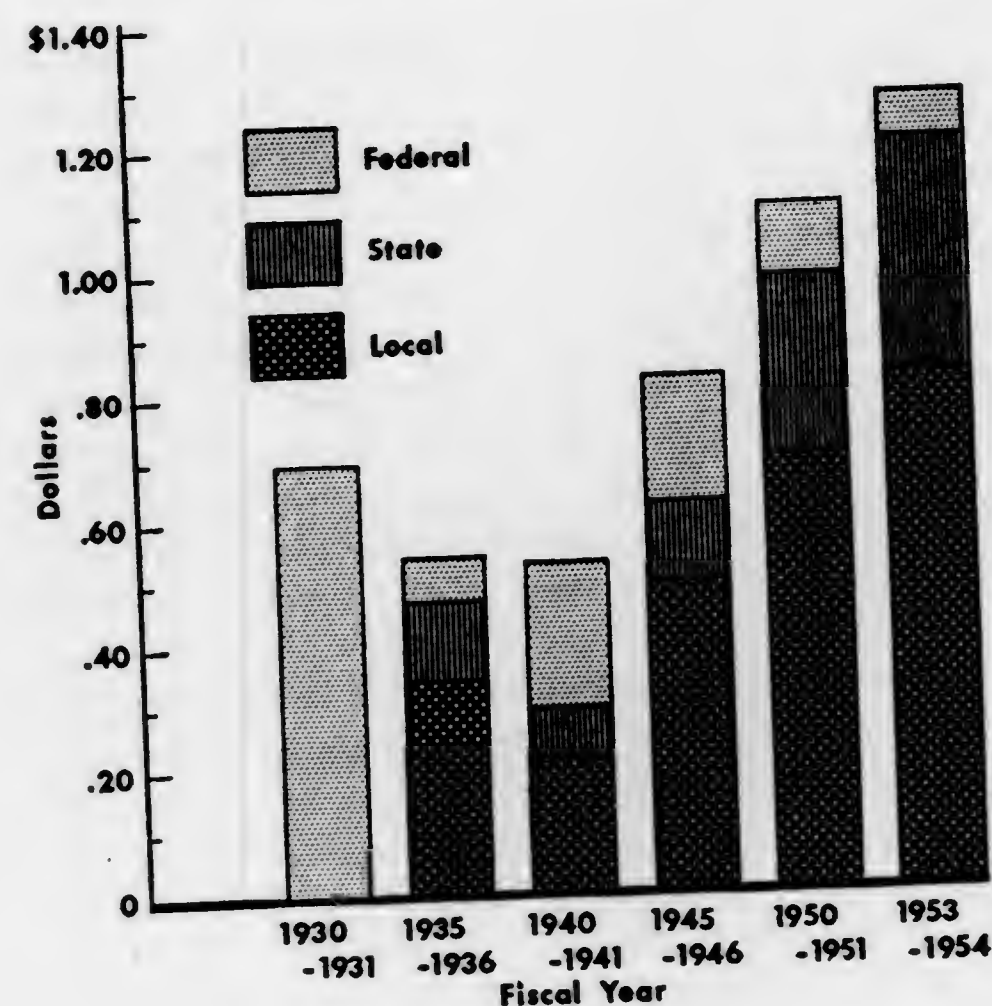


expenditures for county health units for the period and the source of funds, Federal, State and local. Figure 2 shows the per capita expenditures by county health units and the sources, Federal, State and local. In interpreting these charts it should be kept in mind that Florida's population has increased rapidly. According to the Federal census, in 1930, the population was 1,468,211; in 1940, 1,897,414; and in 1950, 2,771,305.

"It should not be assumed that per capita expenditures are uniform among the counties of the State. On the contrary, there is a wide variation. Local appropriations vary from a minimum of 34 cents per capita to a maximum of \$1.89 per capita; and the total of Federal and State funds allocated to local health departments varies from a minimum of 23 cents per capita to a maximum of \$1.78 per capita. State and Federal funds are distributed among the counties on a formula basis, according to the population of the county, the per capita amount decreasing with increase in population. In order to encourage local appropriations, the formula includes a matching factor so that larger per capita local appropriations are matched by somewhat more State and Federal funds. The smallest grant of State and Federal funds (1953-54) is \$3,915 and the largest, \$114,466.

"Additional funds not shown in the tables and charts are also allocated on a project basis to 12 of the larger counties for special programs which are conducted on a regional basis. These programs include cancer, heart disease control, and mental health, and the

Figure 2—Per capita expenditures and sources of funds of Florida county health units.



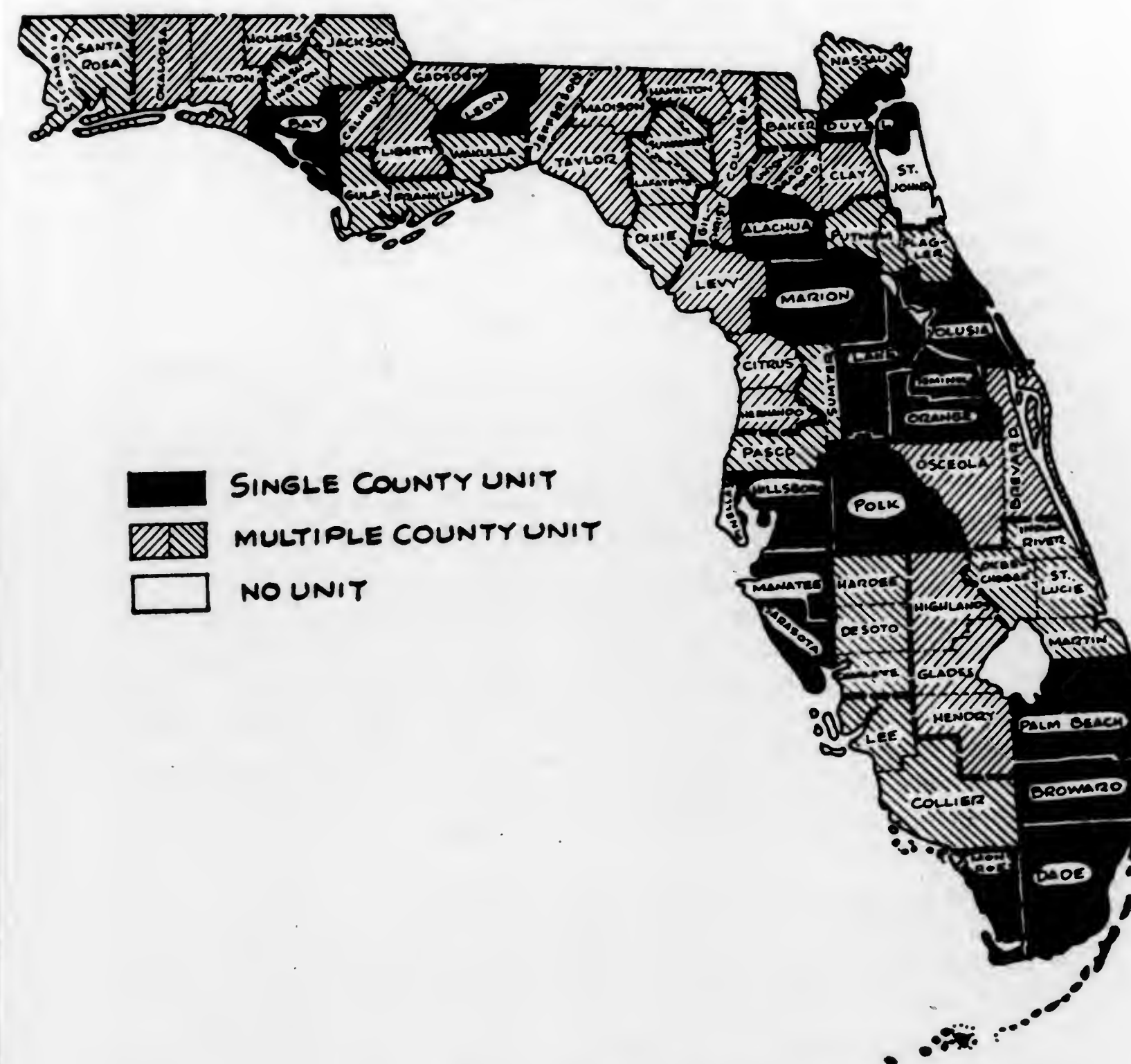
total funds so allocated during the present fiscal year (1953-54) amount to \$99,900.

"Direct aid to local health departments in forms other than funds is considerable. Laboratory services are furnished entirely by the State Board of Health on a regional basis without local financial participation. Biologicals, routine record forms, and accredited training are furnished on a State level, as well as the services of trained consultants in nearly every field of public health. No detailed description of all such services given by the State Board of Health to the county health departments will be given. However, they deserve mention because a considerable increase in local funds would be needed to carry on work at the present level if there were not such a close State-local relationship as exists at present. On the other hand the help given directly by the State Health Department is counterbalanced by the wide range of responsibilities placed on county health departments here. Many local health departments in the country with the same or greater financial resources do not have responsibility for some programs, such as school health, milk inspection, and vital statistics. This fact adds to the difficulty of making comparisons of the adequacy of local health department budgets in different sections of the country. There is no doubt, however, that most of our county health departments are inadequately financed.

The Multicounty Unit

"The development of the county health units in Florida has been interesting in many respects other than in numbers, finances, and personnel. One interesting development has been the evolution of the multicounty unit. Figure 3 shows the situation on January 1, 1953, as to single- and multiple-county units. No major difficulty was ever experienced in the grouping of small counties for local health services, but after many years of experience it was discovered that geographic propinquity of counties does not always guarantee mutual admiration and trust. In fact, in some cases it was discovered that local officials were loathe to appropriate money for a common multicounty health fund because they feared that it would be spent more for the benefit of their neighbors than for themselves. When this attitude was clearly recognized, steps were taken promptly to set up each county's budget separately, and to keep its funds separate, including State and Federal matching funds. Each county health department now has its own budget, personnel, and identity, and where it is necessary to share personnel their salaries are prorated. All multicounty units share the services of a health officer, and some a supervising nurse and a sanitarian. Disagreements among counties occasionally arise concerning the appointment, retention, or place of

Figure 3—Distribution of county health units in Florida, as of January 1, 1953.



residence of personnel, but so far these problems have been solved satisfactorily.

Municipal Health Services

"Many of Florida's counties, particularly the more populous ones, have run the gamut of confusion and duplication incident to a multiplicity of health departments and health programs separately financed and directed. A typical example is Dade County, whose largest city is Miami. Until 1943 there were in this county three city health departments, a county health department, and a school

health program under the county board of education. Only the county health department was associated with the State Board of Health, and even so, that State agency operated a venereal disease control program more or less separately. Within a short time, under the leadership of the chairman of the board of county commissioners, complete consolidation of the four health departments and the school health program was brought about with the cooperation and agreement of all concerned. A law was passed which applied to Dade County only and which effectively removed any legal barriers to the consolidation. The law also set up an advisory board which functions as a local board of health except that it has no administrative functions or authority to promulgate regulations.

"Under this plan the county undertook the entire responsibility for financing the operations of the health department, except for available Federal and State funds. This arrangement has worked out so satisfactorily that it has been used as an example of the benefit of consolidating the city and county governments entirely, and this development failed by a narrow margin in a recent election.

"A similar development started somewhat earlier in Hillsborough County, whose chief city is Tampa. In spite of some opposition at first from rural areas and from one small town, the consolidation was promoted by the parent-teacher association because of a desire to have better school health services. Past efforts to carry on a separate school health program had not been satisfactory, and school officials were loathe to provide for an expensive school health program which would overlap the activities of the city and county health departments.

"A few years later, and without much public fanfare, city and county officials in Pinellas County (St. Petersburg-Clearwater) agreed upon a consolidation, and effected it by legislative action. In this case, a local board of health was provided, the only one in the State.

"Even before these consolidations took place, most of the smaller cities and towns in the State had effected similar arrangements by negotiation and agreement, and without special laws. In Pensacola and Escambia County, for example, a city-county health department was operated for years under a single health officer, with each agency paying its own employees. In recent years city, county, and State appropriations have been put into a common fund. While the trend in recent years has been for the counties to assume the entire local financial burden, in 1953, 27 municipalities contributed a total of \$65,890 to county health department budgets.

"Consolidation has not meant that the cities of Florida lack health departments. Acting under specific agreements, and under the

general policy of the State Board of Health, each county health department serves as the municipal health department for each municipality within the county, unless the municipality has a health department of its own. The county health departments are obligated to enforce municipal health ordinances, and in fact the county health departments would be greatly handicapped in their work but for the existence of such ordinances. This is particularly true in the field of milk and food sanitation where there is some dispersion of responsibility among State agencies.

"At the present time only the city of Jacksonville has a complete and fairly adequately financed city health department. It has a budget of about \$500,000 to serve a population of more than 200,000 people. The cities of West Palm Beach, Orlando, and Lakeland have city health departments, but these furnish only limited public health services, and their combined budget for this purpose is estimated at less than \$100,000. Public health services in these cities are supplemented by the county health departments. It can be seen, therefore, that of a total of about \$4,339,320 spent by local health agencies in Florida only about \$665,000 is appropriated by municipalities, and most of this is spent by the city of Jacksonville.

School Health Services

"Sentiment in Florida has always been against the development of separate school health services financed and administered by education agencies. In the past, many local school boards provided for school health services, particularly public health nursing services. There has been a continuous trend in recent years to discontinue this activity, or to merge such efforts with the county health departments. In many counties, the board of county commissioners bears the entire local cost of public health services, including school health services, but at present in 39 counties the local school boards make a contribution to the common fund of the health department. The total amount so contributed in the 1952-53 budgets was \$142,602. This assistance is especially important since it is contributed primarily in the smaller rural counties.

"It is especially interesting that the Florida laws governing the expenditures of school funds provide that these can only be spent for local services where the county health department is unable to provide needed services. At the present time, in only 7 counties are public health personnel employed by school boards other than through county health departments. This personnel consists of 19 public health nurses and 1 health educator. In 1 of these counties, although 4 public health nurses are paid directly

by the local school board they work under the supervision of the county health officer. In the other counties, they work in close cooperation with the personnel of the county health departments, and the outlook for a complete merger of efforts in the future is very bright.

Summary

"During the past 23 years steady progress has been made toward statewide coverage by county health departments, and only one county, with a population of 27,200, is now unorganized. Similar progress has been made in the coordination and unification of local health services provided by counties, municipalities, local school boards, and the Florida State Board of Health."

TABLE 14
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	De Soto	Dixie	Duval	Escambia
A. COMMUNICABLE DISEASES CONTROL																	
1. Admissions to Service.....	20	28	49	44	52	47	3	11	5	27	3	8	652	5	0	82	112
2. Consultations and Conferences with Physicians.....	20	0	55	0	29	26	3	6	1	14	3	36	633	8	18	9	18
3. Field and Office Visits.....	36	59	69	53	71	76	4	31	26	78	3	161	1,132	6	0	179	278
IMMUNIZATIONS COMPLETED																	
4. Smallpox.....	570	90	2,677	213	371	1,082	283	209	139	415	34	524	11,745	89	162	1,283	5,032
5. Diphtheria (5-7).....	1,580	366	2,261	631	1,348	4,121	191	223	111	510	694	2,287	10,071	204	223	3,300	3,925
6. Typhoid Fever.....	3,828	955	5,698	67	31	1,154	280	5	298	458	284	3,827	3,401	7	571	1,183	13,458
7. Whooping Cough (9-11).....	1,475	366	2,116	584	1,219	3,511	190	170	111	507	340	2,287	9,940	199	223	2,631	13,738
8. Tetanus.....	1,801	366	4,474	704	1,320	6,206	240	262	262	668	706	3,356	10,203	205	416	4,020	1,035
INTESTINAL PARASITE CONTROL																	
14. Admissions to Service.....	305	527	1,398	146	403	347	266	42	59	108	18	393	326	62	337	348	380
15. Field and Office Visits.....	319	527	1,460	164	788	474	303	60	65	108	19	704	679	82	337	502	363
16. Treatments Given.....	311	527	1,402	142	382	347	265	40	61	104	13	661	189	121	399	367	354
VENEREAL DISEASE CONTROL																	
1. Admissions to Medical Service.....	998	37	384	86	204	285	8	7	15	151	52	97	2,513	17	9	2,400	2,228
2. Visits to Medical Conferences.....	1,780	71	496	115	219	529	18	11	28	213	72	140	28,493	33	14	15,048	2,505
3. Field Visits and Epidemiological Investigations.....	636	100	660	55	710	1,400	23	56	21	178	93	385	13,857	14	21	2,686	1,280
4. Treatments Given.....	1,245	13	301	68	185	335	10	12	13	56	25	95	1,704	7	7	2,400	1,843
TUBERCULOSIS CONTROL																	
1. Admissions to Medical Service																	
(A) Cases.....	6	6	31	3	7	56	2	2	7	5	8	5	456	1	3	0	11
(B) Contacts and Suspects.....	0	34	12	38	21	40	4	4	3	5	30	7	4,274	17	3	0	0
(C) Arrested Cases.....	8	0	19	9	0	80	0	0	0	0	0	0	572	3	1	0	39
2. Admissions to Nursing Service																	
(A) Cases.....	46	11	55	13	30	109	6	5	17	25	12	12	780	1	4	168	222
(B) Contacts and Suspects.....	185	72	69	44	107	326	44	59	22	86	55	52	205	5	21	640	604
(C) Arrested Cases.....	32	2	61	7	25	89	1	1	9	3	7	8	59	4	5	87	61
3. Number of Persons X-rayed																	
(A) Miniature Films.....	11,072	0	11,622	162	5,907	24,466	1,075	986	0	0	1,697	41	13,126	3,028	1,075	24,990	8,970
(B) Large 14" x 17" Films.....	747	50	663	117	173	808	117	67	47	86	66	41	4,831	84	32	860	1,364
6. Visits to Medical Conferences.....	116	45	70	61	37	147	20	10	10	17	17	31	17,965	26	11	11	0
7. Tuberculin Test.....	197	87	105	23	385	2,327	85	97	27	45	68	9	1,110	17	21	573	58
8. Field Nursing Visits.....	517	122	292	181	286	1,076	237	162	91	193	120	147	3,272	25	24	1,580	1,503
9. Office Nursing Visits.....	21	71	35	5	178	865	49	80	26	49	59	8	74	1	8	54	19
10. Cases Hospitalized.....	66		41	5	8	35	2	4	2	11	11	5	499	5	1	9	9

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Summary

"During the past 23 years steady progress has been made toward statewide coverage by county health departments, and only one county, with a population of 27,200, is now unorganized. Similar progress has been made in the coordination and unification of local health services provided by counties, municipalities, local school boards, and the Florida State Board of Health."

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3. Field and Office Visits.....	36	59	69	53	71	76	4	31	26	78	3	161	1,132	6	0	179	278
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4. Smallpox.....	570	90	2,677	213	371	1082	283	209	139	415	34	524	11,745	89	162	1,283	5,032
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6. Typhoid Fever.....	3,828	955	5,688	67	31	1,154	280	5	288	458	284	3,827	3,401	7	571	1,183	13,458
7. Whooping Cough (9-11).....	1,475	366	2,116	584	1,219	3,511	190	170	111	507	340	2,287	9,940	199	223	2,631	728
8. Tetanus.....	1,801	366	4,474	704	1,320	6,206	240	262	262	668	706	3,356	10,203	205	416	4,020	1,035
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4. Treatments Given.....	1,245	13	301	68	185	335	10	12	13	56	25	95	1,704	7	7	2,400	1,843
C. TUBERCULOSIS CONTROL																	
1. Admissions to Medical Service																	
(A) Cases.....	6	6	31	3	7	56	2	2	7	7	8	5	456	1	3	0	11
(B) Contacts and Suspects.....	0	34	12	38	21	40	4	4	3	5	30	7	4,274	17	3	0	0
(C) Arrested Cases.....	8	0	0	19	9	80	0	0	0	0	0	0	572	3	1	0	39
2. Admissions to Nursing Service																	
(A) Cases.....	46	11	55	13	30	100	6	6	17	25	12	12	780	1	4	168	222
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6. Visits to Medical Conferences.....	116	45	70	61	37	147	20	10	17	10	17	31	17,965	26	11	0	271
7. Tuberculin Test.....	197	87	105	23	385	2,327	85	97	27	45	68	9	1,110	17	21	573	88
8. Field Nursing Visits.....	517	122	292	181	286	1,676	237	162	91	193	120	147	3,272	25	24	1,580	1,504
9. Office Nursing Visits.....	21	71	35	5	176	865	49	89	26	49	59	8	74	8	49	54	303
10. Cases Hospitalized.....	66	2	41	5	8	35	4	2	2	11	8	5	499	1	2	9	19

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

Activities	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
A. COMMUNICABLE DISEASES CONTROL																	
1. Admissions to Service.....	3	8	23	0	0	2	4	92	1	1	28	345	10	25	30	6	1
2. Consultations and Conferences with Physicians.....	0	7	6	0	0	7	0	104	22	0	48	182	5	11	8	0	3
3. Field and Office Visits.....	7	16	25	0	0	2	6	127	1	1	56	587	69	47	58	7	1
IMMUNIZATIONS COMPLETED																	
4. Smallpox.....	31	160	2,179	12	29	121	16	187	117	245	54	4,876	158	145	337	215	28
5. Diphtheria (5-7).....	186	313	1,329	245	72	239	253	541	225	113	239	5,248	598	541	1,834	735	128
6. Typhoid Fever.....	30	518	1,418	98	5	1,208	910	12	148	77	81	3,288	192	272	6,066	765	467
7. Whooping Cough (9-11).....	136	307	1,329	250	66	223	258	310	165	69	217	3,228	438	552	9,906	258	129
8. Tetanus.....	206	557	1,810	308	75	908	989	461	231	126	244	5,413	638	732	2,977	678	219
INTESTINAL PARASITE CONTROL																	
14. Admissions to Service.....	49	148	173	89	68	87	754	293	103	587	232	1,399	424	49	819	176	69
15. Field and Office Visits.....	72	148	173	89	79	87	754	305	104	741	232	1,444	443	55	821	184	69
16. Treatments Given.....	72	148	173	89	76	87	754	302	93	212	232	1,436	459	59	2,244	205	69
B. VENEREAL DISEASE CONTROL																	
1. Admissions to Medical Service.....	9	81	155	7	5	15	90	15	20	18	124	1,025	12	12	285	12	4
2. Visits to Medical Conferences.....	17	117	155	7	13	19	95	19	30	26	216	3,555	14	11	320	14	5
3. Field Visits and Epidemiological Investigations.....	40	123	368	38	2	41	68	34	5	63	81	5,898	70	137	667	35	6
4. Treatments Given.....	12	24	153	6	4	35	95	10	20	13	132	1,069	9	15	407	21	3
C. TUBERCULOSIS CONTROL																	
1. Admissions to Medical Service																	
(A) Cases.....	2	4	1	0	1	0	5	8	3	3	9	127	5	0	2	2	2
(B) Contacts and Suspects.....	1	7	0	0	0	0	0	9	3	0	116	1,853	20	0	0	9	0
(C) Arrested Cases.....	1	4	0	0	0	2	3	0	0	1	14	421	3	0	0	0	0
2. Admissions to Nursing Service																	
(A) Cases.....	3	4	21	2	2	7	6	11	3	10	8	388	8	8	46	8	0
(B) Contacts and Suspects.....	8	19	101	12	11	41	23	33	4	50	73	1,691	75	63	37	33	34
(C) Arrested Cases.....	1	1	6	5	5	1	0	3	4	1	7	261	5	8	28	3	0
3. Number of Persons X-rayed																	
(A) Miniature Films.....	1,019	0	0	0	642	0	0	1,505	909	0	3,901	88,489	1,144	0	0	768	806
(B) Large 14" x 17" Films.....	21	106	113	22	50	75	58	86	92	74	118	970	191	226	373	32	20
6. Visits to Medical Conferences.....	7	19	0	0	31	2	10	21	15	5	186	4,258	29	0	4	11	6
7. Tuberculin Test.....	9	328	30	12	52	68	3	29	42	22	88	669	30	25	68	6	33
8. Field Nursing Visits.....	40	19	349	50	31	80	65	30	20	306	114	3,220	233	180	158	85	114
9. Office Nursing Visits.....	9	17	11	0	20	43	12	44	6	161	107	101	102	125	86	13	31
10. Cases Hospitalized.....	1	5	45	2	0	12	13	7	2	1	5	93	7	1	0	8	2

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

Activities	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Ocala	Okaloosa	Orange	Osceola	Palm Beach	Pasco
A. COMMUNICABLE DISEASES CONTROL																	
1. Admissions to Service.....	74	19	197	16	0	7	19	3	3	3	196	83	16	7	407	7	178
2. Consultations and Conferences with Physicians.....	96	12	135	1	0	9	24	6	3	3	287	154	8	5	303	7	36
3. Field and Office Visits.....	206	33	277	17	0	9	26	5	3	351	201	57	9	1,007	7	441	25
IMMUNIZATIONS COMPLETED																	
4. Smallpox.....	68	618	1,596	583	38	324	944	1,048	217	615	936	586	18	2,200	242	3,081	225
5. Diphtheria (5-7).....	485	996	1,934	222	161	669	1,341	292	521	741	2,005	1,177	590	4,141	406	2,207	413
6. Typhoid Fever.....	65	1,754	4,066	296	188	2,182	1,804	4,597	160	976	2,913	235	123	6,502	101	951	186
7. Whooping Cough (9-11).....	369	797	1,873	221	161	656	1,346	292	521	643	1,981	1,088	250	1,776	404	1,640	390
8. Tetanus.....	459	1,666	4,338	1,072	298	933	2,576	321	948	900	1,983	1,255	366	2,553	413	4,826	422
INTESTINAL PARASITE CONTROL																	
14. Admissions to Service.....	296	71	275	258	196	119	140	391	168	40	420	167	144	136	154	82	750
15. Field and Office Visits.....	514	85	336	281	196	119	178	632	168	41	603	167	157	212	161	93	832
16. Treatments Given.....	221	82	256	253	196	119	125	199	168	21	576	167	131	121	154	72	762
B. VENEREAL DISEASE CONTROL																	
1. Admissions to Medical Service.....	27	330	1,765	11	1	68	238	615	69	503	30	118	6	407	58	1,134	78
2. Visits to Medical Conferences.....	97	826	1,871	15	1	103	547	880	69	589	664	118	6	1,086	58	2,395	131
3. Field Visits and Epidemiological Investigations.....	74	361	2,421	38	0	19	513	1,278	203	1,802	165	742	78	3,300	98	1,415	137
4. Treatments Given.....	12	282	1,270	9	1	69	168	389	65	490	122	118	16	388	57	1,614	63
C. TUBERCULOSIS CONTROL																	
1. Admissions to Medical Service																	
(A) Cases.....	0	25	18	1	0	10	19	0	0	5	3	2	1	31	4	36	22
(B) Contacts and Suspects.....	0	40	4	8	0	40	1	0	1	10	5	4	0	1	0	5	44
(C) Arrested Cases.....	0	9	6	0	0	4	12	0	0	3	1	1	0	15	1	23	17
2. Admissions to Nursing Service																	
(A) Cases.....	40	54	55	11	3	10	68	88	9	42	54	7	7	171	11	144	22
(B) Contacts and Suspects.....	193	103	360	89	10	32	125	226	16	42	19	105	38	573	58	97	169
(C) Arrested Cases.....	46	22	29	11	0	1	32	46	5	12	19	4	1	158	2	58	22
3. Number of Persons X-rayed																	
(A) Miniature Films.....	8,817	0	10,453	0	0	0	9,078	9,510	0	0	0	159	0	16,307	1,676	6,976	0
(B) Large 14" x 17" Films.....	440	143	704	87	6	74	343	813	88	198	110	144	43	607	124	766	188
6. Visits to Medical Conferences.....	49	124	38	14	0	79	34	0	1	43	19	7	3	418	16	515	95
7. Tuberculin Test.....	587	270	733	260	13	38	283	91	3	46	43	639	204	1,397	103	319	106
8. Field Nursing Visits.....	58	208	39	32	1	71	134	822	76	185	404	231	7	1,442	232	1,143	330
9. Office Nursing Visits.....	22	15	49	4	0	9	14	24	10	102	138	6	17	45	61	143	225
10. Cases Hospitalized.....									1	5	20	20	6	0	45	6	10

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Barasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington
A. COMMUNICABLE DISEASES															
1. Admissions to Service.....	117	94	13	6	25	54	29	19	8	7	13	52	0	8	0
2. Consultations and Conferences with Physicians.....	19	45	8	4	22	68	29	1	2	9	1	16	0	14	0
3. Field and Office Visits.....	138	192	18	20	49	69	92	19	15	9	13	122	0	15	0
IMMUNIZATIONS COMPLETED															
4. Smallpox.....	1,737	1,798	802	87	188	539	764	194	596	424	59	948	54	664	123
5. Diphtheria (5-7).....	2,915	2,261	1,549	659	977	931	625	589	870	591	204	494	210	878	469
6. Typhoid Fever.....	509	186	674	1,141	2,767	78	33	483	1,148	1,316	344	97	985	132	489
9. Whooping Cough (9-11).....	2,897	2,252	1,121	613	488	902	625	485	668	533	199	450	208	867	469
12. Tetanus.....	2,806	2,233	1,891	812	1,641	1,781	618	638	913	955	207	507	391	1,012	478
INTESTINAL PARASITE CONTROL															
14. Admissions to Service.....	342	324	185	41	226	81	135	349	527	234	127	146	43	534	227
15. Field and Office Visits.....	545	346	192	41	226	96	247	349	531	234	127	223	45	534	227
16. Treatments Given.....	305	324	193	40	226	83	171	349	528	234	124	136	45	534	226
B. VENEREAL DISEASE CONTROL															
1. Admissions to Medical Service.....	495	448	55	82	34	175	96	86	148	25	46	142	58	54	4
2. Visits to Medical Conferences.....	2,280	767	79	138	48	371	133	112	153	35	80	406	87	76	7
3. Field Visits and Epidemiological Investigations.....	3,032	776	320	245	19	352	492	30	108	37	40	740	68	83	18
4. Treatments Given.....	699	328	74	65	23	145	96	52	141	18	21	194	58	67	30
C. TUBERCULOSIS CONTROL															
1. Admissions to Medical Service															
(A) Cases.....	132	43	3	0	3	20	0	5	12	2	2	8	2	7	1
(B) Contacts and Suspects.....	330	22	11	0	6	14	0	5	4	1	7	28	0	16	0
(C) Arrested Cases.....	79	15	0	0	0	4	0	4	2	0	2	19	3	0	0
2. Admissions to Nursing Service															
(A) Cases.....	87	105	14	16	7	39	33	5	5	9	2	117	0	17	13
(B) Contacts and Suspects.....	191	354	72	163	47	183	91	45	94	73	11	349	30	51	19
(C) Arrested Cases.....	99	73	17	18	3	36	4	18	27	12	4	95	2	6	2
3. Number of Persons X-rayed															
(A) Miniature Films.....	13,187	23,869	0	0	2,011	10,520	5,003	0	3,100	0	0	0	0	1,173	1,387
(B) Large 14" x 17" Films.....	6,770	1,020	1,046	122	42	507	160	79	110	65	39	968	31	40	37
6. Visits to Medical Conferences.....	986	186	19	0	6	64	20	22	33	3	16	419	11	47	1
7. Tuberculin Test.....	1,284	807	139	105	2	132	7	5	70	63	7	455	17	61	31
8. Field Nursing Visits.....	1,483	1,348	312	488	107	374	174	68	118	102	374	1,238	22	149	82
9. Office Nursing Visits.....	218	525	18	135	19	144	13	85	84	51	15	736	32	95	6
10. Cases Hospitalized.....	56	79	16	8	8	24	18	2	6	7	2	25	4	7	6

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Alachua	Baker	Bay	Bradford	Broward	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	De Soto	Dixie	Duval	Escambia
D. MATERNITY SERVICE																	
1. Admissions to Antepartum Medical Service.....	432	51	220	97	148	417	15	8	19	72	49	194	2,566	0	51	55	338
3. Admissions to Antepartum Nursing Service.....	500	65	221	79	174	441	20	11	31	96	64	196	2,064	0	71	238	477
4. Visits by Antepartum Cases to Medical Conferences.....	932	95	587	225	359	873	26	14	36	162	80	514	9,796	0	160	132	492
5. Number of Clinic Sessions Conducted	136	43	40	23	116	134	19	9	28	38	23	117	4,421	0	28	23	100
6. Field Nursing Visits—Antepartum	631	104	79	182	179	178	26	6	46	153	26	110	2,850	0	48	400	310
7. Office Nursing Visits—Antepartum	1,877	16	611	21	358	1,616	48	23	20	203	261	443	4,920	0	170	1,568	1,568
10. Postpartum Cases Examined.....	200	32	63	1	78	62	1	1	5	20	9	40	992	0	0	2	102
11. Admissions to Postpartum Nursing Service.....	463	89	102	97	188	275	16	7	31	79	42	220	2,604	0	31	167	338
12. Field Nursing Visits—Postpartum	1,020	98	94	260	289	304	17	17	50	124	48	579	6,416	0	26	273	527
13. Office Nursing Visits—Postpartum	1,163	11	68	6	72	40	2	5	2	16	22	21	19	0	6	10	258
14. Admissions for Midwives at Supervision	12	7	3	3	6	5	3	2	2	4	2	16	200	0	3	2	7
15. Attendance of Midwives at Meetings	32	20	0	0	10	21	0	0	5	0	0	67	30	0	17	0	24
16. Visits for Midwife Supervision.....	60	60	27	31	86	158	13	15	28	22	8	6	6	0	30	12	87
E. INFANT & PRESCHOOL HYGIENE																	
INFANT																	
1. Admissions to Medical Service.....	268	88	43	92	156	402	16	0	11	65	25	145	2,866	0	39	417	523
2. Admissions to Nursing Service.....	673	136	114	189	340	792	26	30	50	131	69	355	3,574	0	84	916	853
3. Visits to Medical Conferences.....	1,360	180	70	145	172	798	19	0	12	88	29	226	7,486	0	42	1,112	904
4. Field Nursing Visits.....	1,584	307	161	668	539	948	28	53	105	253	73	845	9,749	0	60	1,287	926
5. Office Nursing Visits.....	369	24	20	313	313	1,383	10	29	1	101	95	12	636	0	50	1,513	1,239
PRESCHOOL																	
6. Admissions to Medical Service.....	274	250	25	102	72	144	145	5	73	245	19	221	3,494	126	100	1,095	155
7. Admissions to Nursing Service.....	1,245	417	116	690	684	1,268	32	135	78	177	27	1,207	2,594	0	81	2,365	1,115
8. Visits to Medical Conferences.....	325	501	36	108	105	150	146	137	75	255	22	318	6,305	126	103	2,559	1,159
9. Field Nursing Visits.....	2,513	954	190	1,679	1,058	31	37	216	197	262	20	1,610	4,330	0	96	3,324	1,263
10. Office Nursing Visits.....	214	80	55	10	488	2,370	9	185	0	63	38	12	333	0	20	2,494	1,880
12. Number of Infant-Preschool Clinic Sessions Conducted.....	137	54	32	22	111	86	25	6	22	49	15	122	304	4	27	111	195
F. SCHOOL																	
1. Pupils Inspected.....	1,906	3,047	2,461	962	1,731	7,195	63	554	568	851	303	30	96,840	440	11	5,453	6,206
2. Pupils Examined.....	1,217	1,026	1,881	228	884	1,590	188	358	952	225	237	1,462	20,327	885	121	136	1,167
3. Admissions to Nursing Service.....	1,651	299	169	631	3,306	63	188	42	351	40	119	11,556	42	10	585	1,864	1,864
4. Admissions to Nursing Service.....	1,067	365	371	360	229	635	194	403	63	332	71	17	4,323	91	102	905	986
5. Field Nursing Visits.....	1,278	138	183	44	1,070	6,084	11	687	6	433	22	0	27,880	8	22	531	2,191
6. Office Nursing Visits.....	274	81	96	51	19	145	81	57	22	13	14	0	5,309	0	6	31	1
7. Number of Corrections Secured.....	2	0	0	0	2	1	0	2	0	0	1	2	0	0	0	10	1
8. Cases Hospitalized.....																	

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
D. MATERNITY SERVICE																	
1. Admissions to Antepartum Medical Service.....	54	12	272	10	13	15	25	4	43	20	29	1,508	16	0	136	77	20
2. Admissions to Postpartum Medical Service.....	79	23	455	35	1	15	55	6	0	19	22	1,761	37	45	346	120	25
3. Admissions to Antepartum Nursing Service.....	125	20	440	30	34	18	39	5	132	33	51	5,621	29	0	238	137	55
4. Visits by Antepartum Cases to Medical Conferences.....	44	17	92	18	23	15	19	3	57	26	26	231	22	0	62	25	21
5. Number of Clinic Sessions Conducted.....	13	18	197	81	3	7	85	3	0	24	22	1,605	37	102	294	107	27
6. Field Nursing Visits—Antepartum.....	204	59	931	23	0	41	98	2	0	33	8	6,971	46	87	801	311	0
7. Office Nursing Visits—Antepartum.....	10	2	63	1	0	0	0	2	0	6	1	750	9	4	59	1	15
8. Postpartum Cases Examined.....	7	7	532	44	2	4	49	11	0	21	13	1,327	37	59	317	138	13
9. Admissions to Postpartum Nursing Service.....	14	15	776	104	0	0	90	12	0	53	20	1,862	61	111	461	247	13
10. Field Nursing Visits—Postpartum.....	27	3	104	1	0	0	1	2	0	5	4	819	5	12	127	8	7
11. Admissions for Midwife Supervision.....	3	3	113	0	0	0	4	0	0	1	8	14	14	0	18	13	1
12. Attendance of Midwives at Meetings.....	28	6	118	1	6	17	10	7	0	2	53	34	22	14	186	15	21
13. Visits for Midwife Supervision.....	17																
E. INFANT & PRESCHOOL HYGIENE																	
INFANT																	
1. Admissions to Medical Service.....	45	19	106	26	11	8	48	5	26	17	69	1,802	81	0	79	9	19
2. Admissions to Nursing Service.....	73	56	699	99	3	24	58	26	1	39	37	2,685	59	108	339	231	71
3. Visits to Medical Conferences.....	84	22	136	33	13	0	80	7	34	22	151	4,713	101	213	94	9	22
4. Field Nursing Visits.....	42	64	1,236	228	0	77	112	26	1	78	108	2,475	101	91	488	578	108
5. Office Nursing Visits.....	146	59	301	2	0	8	6	5	1	21	14	5,121	24	24	133	148	81
PRESCHOOL																	
6. Admissions to Medical Service.....	28	17	41	77	22	5	104	33	10	43	258	3,220	87	2	107	11	69
7. Admissions to Nursing Service.....	102	9	1,105	172	0	68	146	78	1	105	32	4,078	146	145	139	273	237
8. Visits to Medical Conferences.....	46	17	72	131	22	5	180	39	14	60	276	7,236	98	2	119	11	72
9. Field Nursing Visits.....	54	8	1,848	575	7	91	265	55	1	255	58	2,025	235	267	156	524	305
10. Office Nursing Visits.....	148	11	248	7	0	9	4	34	1	14	1	7,980	40	52	45	80	287
11. Number of Infant-Preschool Clinic Sessions Conducted.....	44	16	54	40	12	4	80	16	36	34	24	410	32	0	43	10	20
SCHOOL																	
1. Pupils Inspected.....	191	334	2,775	0	307	1,255	49	819	618	98	928	26,139	315	2,612	786	106	15
2. Pupils Examined.....	118	162	359	729	162	87	592	1,082	343	725	655	13,327	835	191	152	527	256
3. Admissions to Nursing Service.....	325	107	142	1	10	335	13	261	16	13	149	4,532	185	588	151	4	187
4. Field Nursing Visits.....	880	136	438	39	11	221	0	51	24	221	119	3,017	202	267	142	22	122
5. Office Nursing Visits.....	23	1	79	2	85	218	0	13	38	52	20	6,481	137	99	124	12	311
6. Number of Corrections Secured.....	0	0	0	1	1	0	0	1	4	0	1	0	0	0	3	0	0
7. Cases Hospitalized.....																	

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Okaloosa	Okiechoobee	Orange	Oscola	Palm Beach	Pasco
D. MATERNITY SERVICE																	
1. Admissions to Antepartum Medical Service.....	67	93	351	48	13	55	71	0	0	96	30	33	1	408	50	525	30
2. Admissions to Postpartum Medical Service.....	148	153	256	62	17	68	79	162	4	92	86	62	7	107	70	200	51
3. Admissions to Antepartum Nursing Service.....	167	194	1,037	109	16	219	209	0	0	239	51	50	1	1,181	68	1,043	52
4. Visits by Antepartum Cases to Medical Conferences.....	42	61	98	51	16	71	47	0	0	59	20	29	1	1,84	32	139	35
5. Number of Clinic Sessions Conducted.....	293	77	499	26	37	15	86	322	4	38	276	63	7	1,86	54	439	34
6. Field Nursing Visits—Antepartum.....	42	495	0	92	32	222	268	66	2	311	72	100	12	29	142	666	80
7. Office Nursing Visits—Antepartum.....	33	44	99	7	3	26	56	0	0	107	1	6	0	175	8	170	9
8. Postpartum Cases Examined.....	206	212	468	98	19	162	87	162	6	79	73	39	3	306	63	434	31
9. Admissions to Postpartum Nursing Service.....	466	305	1,109	130	35	170	141	484	10	88	207	66	3	395	113	763	35
10. Field Nursing Visits—Postpartum.....	77	77	3	9	1	38	54	16	1	113	17	3	0	3	31	20	16
11. Office Nursing Visits—Postpartum.....	7	3	95	9	3	26	9	43	0	15	9	0	0	4	0	9	12
12. Admissions for Midwife Supervision.....	7	7	2	12	3	3	28	108	0	21	30	0	0	22	0	67	18
13. Attendance of Midwives at Meetings.....	48	7	5	18	0	39	54	70	4	71	112	8	0	13	1	35	8
E. INFANT & PRESCHOOL HYGIENE																	
INFANT																	
1. Admissions to Medical Service.....	36	62	262	17	5	37	73	0	24	98	66	50	3	435	25	323	24
2. Admissions to Nursing Service.....	284	248	521	123	31	203	126	205	0	151	176	106	6	444	116	599	82
3. Visits to Medical Conferences.....	56	75	315	18	5	57	81	0	0	24	130	52	5	489	25	576	32
4. Field Nursing Visits.....	729	474	1,476	183	95	262	174	612	9	103	433	271	21	523	175	1,624	66
5. Office Nursing Visits.....	24	170	136	8	13	112	68	17	9	247	140	74	5	61	104	305	83
PRESCHOOL																	
6. Admissions to Medical Service.....	13	14	344	2	2	79	108	0	196	159	360	137	1	1,518	17	52	26
7. Admissions to Nursing Service.....	592	77	1,054	190	69	199	104	113	182	308	488	158	2	2,761	324	106	238
8. Visits to Medical Conferences.....	13	16	395	2	2	130	108	0	196	326	89	141	2	2,362	18	170	43
9. Field Nursing Visits.....	748	115	2,178	251	130	41	163	358	2	249	1,700	285	25	975	488	170	231
10. Office Nursing Visits.....	39	31	192	20	2	518	186	2	436	671	700	120	2	129	256	143	247
11. Number of Infant-Preschool Clinic Sessions Conducted.....	24	50	89	15	4	42	41	0	28	121	36	28	4	211	26	154	31
SCHOOL																	
1. Pupils Inspected.....	4,600	1,167	3,930	1,177	59	83	1,792	5,809	767	5,453	6,520	3,572	182	9,506	1,606	7,975	2,813
2. Pupils Examined.....	392	775	949	1,358	61	804	441	2,128	86	667	788	939	86	2,225	185	749	1,130
3. Admissions to Nursing Service.....	628	127	682	80	48	21	339	643	6	2,540	679	915	36	1,198	151	1,515	1,298
4. Admissions to Medical Conferences.....	559	176	1,129	82	57	46	519	1,017	6	295	787	314	98	1,818	117	1,903	359
5. Field Nursing Visits.....	464	119	98	2	57	109	458	1,551	6	5,532	1,999	483	18	1,283	169	3,671	180
6. Office Nursing Visits.....	91	78	173	2	0	10	130	91	2	494	510	69	0	261	9	452	61
7. Number of Corrections Secured.....	1	0	1	1	0	1	3	0	0	2	5	0	1	7	8	18	12
8. Cases Hospitalized.....																	

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

SOME MAJOR ACTIVITIES OF LOCAL HEALTH SERVICE													
ACTIVITIES													
	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Washington
D. MATERNITY SERVICE													
1. Admissions to Antepartum Medical Service.....	409	343	110	17	21	47	79	30	117	65	46	79	26
2. Admissions to Antepartum Nursing Service.....	409	400	156	157	18	55	109	65	124	81	53	261	63
3. Admissions to Antepartum Nursing Service.....	1,458	948	221	17	36	93	254	51	384	172	112	386	26
4. Visits by Antepartum Cases to Medical Conferences.....	117	112	62	3	33	16	24	24	60	27	44	62	18
5. Number of Clinic Sessions Conducted.....	714	290	60	110	1	112	338	66	66	20	184	539	26
6. Field Nursing Visits—Antepartum.....	2,150	722	290	390	46	1	212	77	405	234	100	397	148
7. Office Nursing Visits—Antepartum.....	1,177	56	29	0	3	25	31	5	1	8	16	37	30
8. Postpartum Cases Examined.....	313	241	179	139	5	33	270	82	111	32	38	265	91
9. Admissions to Postpartum Nursing Service.....	700	427	170	230	4	80	487	130	208	20	45	592	134
10. Field Nursing Visits—Postpartum.....	103	41	55	31	4	25	23	25	14	12	12	34	65
11. Office Nursing Visits—Postpartum.....	3	2	11	5	1	1	3	6	4	6	0	0	1
12. Admissions for Midwife Supervision.....	3	0	70	5	0	2	0	13	18	0	22	14	23
13. Attendance of Midwives at Meetings.....	14	18	75	13	1	3	90	47	10	35	0	50	61
14. Visits for Midwife Supervision.....													19
E. INFANT & PRESCHOOL HYGIENE													
INFANT													
1. Admissions to Medical Service.....	641	229	118	15	14	84	25	24	74	20	95	119	52
2. Admissions to Nursing Service.....	1,048	568	222	273	22	88	332	157	212	94	119	401	130
3. Visits to Medical Conferences.....	1,250	450	164	18	14	98	30	33	82	24	135	327	77
4. Field Nursing Visits.....	2,573	1,046	144	489	18	207	722	253	446	113	210	1,134	230
5. Office Nursing Visits.....	2,081	886	232	240	8	32	29	137	108	54	81	342	51
PRESCHOOL													
6. Admissions to Medical Service.....	1,021	216	77	2	31	83	0	32	330	7	90	401	117
7. Admissions to Nursing Service.....	1,858	857	72	225	32	74	617	180	570	32	114	775	105
8. Visits to Medical Conferences.....	1,055	236	117	6	35	90	0	42	329	7	136	903	101
9. Field Nursing Visits.....	1,910	850	85	374	28	138	1,432	283	850	52	286	1,811	108
10. Office Nursing Visits.....	2,732	1,962	122	140	12	11	119	79	117	0	90	903	136
11. Number of Infant-Preschool Clinic Sessions Conducted.....	164	64	70	7	48	10	14	73	24	11	44	173	44
F. SCHOOL													
1. Pupils Inspected.....	23,078	11	2,082	71	69	20,506	13,614	1,710	350	387	140	10,354	589

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Alabama	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	De Soto	Dixie	Duval	Escambia
G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4).....	3,026	179	1,021	368	1,720	6,795	86	228	407	506	318	1,001	6,103	323	319	7,908	5,642
H. MORBIDITY																	
1. Field and Office Medical Visits.....	933	116	48	217	33	1,074	13	3	3	43	25	624	0	0	81	0	51
2. Field and Office Nursing Visits.....	202	62	51	120	124	2,280	38	26	109	52	52	820	276	0	162	136	385
J. CANCER CONTROL																	
1. Admissions to Service.....	159	13	52	31	22	98	7	19	7	31	16	23	7	21	15	184	287
2. Field Visits.....	111	3	106	75	53	289	114	61	20	61	23	5	179	73	27	34	436
3. Office Visits.....	267	12	16	23	19	336	8	36	4	24	11	57	0	12	16	244	837
4. Ambulatory Cases Treated.....	13	0	30	2	8	207	56	10	2	18	1	5	0	3	0	1,717	72
K. DIABETES																	
1. Admissions to Service.....	4	13	25	0	17	28	8	7	11	15	15	23	2	0	7	4	29
2. Field Visits.....	13	2	1	0	80	107	12	27	43	10	18	0	8	0	15	15	40
3. Office Visits.....	1	64	40	0	54	140	7	41	29	18	37	44	0	0	50	6	9
L. CRIPPLED CHILDREN																	
1. Admissions to Service.....	74	13	78	36	58	67	24	27	21	45	10	6	10	0	13	14	264
2. Field Visits.....	171	9	104	225	123	199	115	59	47	103	34	23	26	0	35	22	456
3. Office Visits.....	2	4	7	8	40	27	15	40	6	26	1	2	0	0	3	11	85
4. Clinic Visits.....	267	47	143	104	40	2	53	40	17	54	3	0	0	0	20	0	94
5. Cases Hospitalized.....	22	0	12	11	5	0	3	11	5	6	1	0	0	0	1	0	3
M. DENTAL HYGIENE																	
1. Admissions to Service.....	0	0	0	0	0	0	0	286	87	115	0	0	263	0	0	371	144
2. Pre-school Inspections.....	0	0	0	0	0	0	0	0	0	115	0	0	0	0	0	0	150
3. School Inspections.....	0	0	0	0	0	0	0	286	87	0	0	0	21,048	0	0	15,056	0
6. Fluoride Treatments Completed.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P. SANITATION																	
1. Approved Water Supplies Installed																	
(A) Private and Semi-Public.....	2	1	1	0	0	6	333	0	10	2	0	3	24	58	4	0	594
(B) New Public Water Connections	3	1	0	0	25	0	13	5	0	0	0	2	0	33	4	0	835
(C) Drinking Fountains.....	342	2	13	0	7	60	5	0	0	0	0	5	13	0	1	2	5
2. New Sanitation Privies Installed.....	43	2	6	2	10	28	0	1	0	0	0	0	0	0	0	18	277
3. Privies Reconditioned.....	59	0	59	10	41	297	0	13	0	244	163	051	440	1	8	1,013	1,013
4. Percolation Tests.....	286	31	208	21	376	4,083	40	26	18	86	3	63	312	3	3	1,837	1,837
5. New Septic Tanks Installed.....	9	4	7	8	1	31	2	0	15	3	0	0	0	0	0	0	40
6. Septic Tanks Reconditioned.....	0	21	34	0	4	0	3	6	0	6	0	0	0	1	0	132	132
7. New Public Sewer Connections																	
8-17. Field Visits.....	5,101	1,340	4,049	409	2,399	13,312	903	363	524	922	981	2,142	47,377	907	126	7,705	12,542

TABLE 14—Continued

ACTIVITIES	Flagler	Franklin	Cadaden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4).....	220	441	455	518	85	226	879	340	414	192	451	29,654	414	152	1,419	144	69
H. MORBIDITY																	
1. Field and Office Medical Visits.	30	224	3	0	20	0	244	56	12	25	122	30	15	0	36	4	53
2. Field and Office Nursing Visits.	50	576	544	559	22	454	136	52	78	35	77	2,894	45	187	90	63	77
J. CANCER CONTROL																	
1. Admissions to Service.	6	27	15	19	10	36	12	37	16	17	24	677	108	21	37	16	26
2. Field Visits.	12	29	71	9	8	146	8	26	21	27	66	550	31	84	81	34	41
3. Office Visits.	5	42	1	28	1	13	24	29	2	13	15	1,486	141	16	24	11	25
4. Ambulatory Cases Treated.	0	10	0	0	3	7	1	3	1	2	1	193	17	15	0	1	0
K. DIABETES																	
1. Admissions to Service.	2	16	23	2	1	12	4	16	8	5	28	297	30	20	1	4	10
2. Field Visits.	0	16	7	0	0	65	0	26	0	9	23	302	19	126	1	13	8
3. Office Visits.	10	13	36	6	18	50	3	79	45	5	69	1,034	194	48	4	6	74
L. CRIPPLED CHILDREN																	
1. Admissions to Service.	6	71	52	8	3	12	27	12	1	25	19	583	36	83	114	18	34
2. Field Visits.	64	47	237	27	4	78	9	10	0	48	15	814	100	451	77	70	142
3. Office Visits.	1	24	1	0	3	3	8	3	1	5	10	76	17	12	9	4	7
4. Clinic Visits.	15	70	88	0	2	10	82	109	0	55	4	1,023	18	59	180	0	29
5. Cases Hospitalised.	3	0	16	0	0	0	12	9	0	1	0	131	6	10	0	0	4
M. DENTAL HYGIENE																	
1. Admissions to Service.	0	4	121	0	147	0	0	65	0	120	0	3,225	0	5	082	0	0
2. Preschool Inspections.	0	0	0	0	0	0	0	0	49	0	0	100	0	1	0	0	0
3. School Inspections.	0	4	121	0	0	0	0	65	0	120	0	1,948	0	3	860	0	0
6. Fluoride Treatments Completed.	0	0	0	0	147	0	0	0	0	0	0	1,118	0	0	0	0	0
P. SANITATION																	
1. Approved Water Supplies Installed																	
(A) Private and Semi-Public.	1	1	53	23	0	7	3	1	0	0	9	685	1	3	1	9	0
(B) New Public Water Connections	50	1	251	0	0	41	0	3	0	6	11	1,356	11	0	0	1	0
(C) Drinking Fountains.	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. New Specification Privies Installed.	7	5	98	2	0	3	8	7	0	14	1	39	15	23	0	25	1
3. Privies Reconditioned.	1	0	172	6	1	0	3	6	2	0	1	115	6	0	0	0	0
4. Percolation Tanks.	29	18	77	1	0	29	14	0	0	0	5	718	4	29	294	6	0
5. New Septic Tanks Installed.	15	14	37	41	7	39	24	20	45	11	105	2,026	17	175	55	9	4
6. Septic Tanks Reconditioned.	2	2	38	24	0	2	2	5	0	0	10	48	2	24	1	2	0
7. New Public Sewer Connections.	0	1	140	0	0	54	1	7	0	0	29	1,158	1	9	3	1	1
8-17. Field Visits.	389	677	1,694	1,222	138	456	1,109	696	230	448	1,257	85,535	300	951	1,221	862	30

TABLE 14—Continued

ACTIVITIES	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Martin	Martin	Monroe	Nassau	Okaloosa	Okeshobee	Orange	Osceola	Palm Beach	Pasco
G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4).....	876	1,759	3,958	481	77	640	1,936	1,106	152	1,845	571	1,185	273	1,036	484	2,645	2,046
H. MORBIDITY																	
1. Field and Office Medical Visits.....	0	35	1,011	32	45	0	14	0	1	1,781	23	12	5	81	5	424	50
2. Field and Office Nursing Visits.....	81	171	61	131	431	0	213	18	4	2,007	394	112	23	84	408	749	180
J. CANCER CONTROL																	
1. Admissions to Service.....	26	44	93	23	6	25	47	0	10	68	37	48	4	164	4	84	72
2. Field Visits.....	77	110	71	29	12	15	58	0	23	184	135	58	24	8	8	110	58
3. Office Visits.....	3	31	41	4	8	25	25	0	4	364	178	30	3	325	4	421	70
4. Ambulatory Cases Treated.....	1	15	57	2	0	48	36	0	21	36	18	9	0	164	0	139	15
K. DIABETES																	
1. Admissions to Service.....	21	15	18	4	8	12	65	16	14	22	28	17	9	48	29	16	21
2. Field Visits.....	65	12	16	1	17	2	140	76	30	27	77	13	13	9	60	62	70
3. Office Visits.....	1	82	17	5	51	62	14	0	15	584	62	78	13	292	52	24	
L. CRIPPLED CHILDREN																	
1. Admissions to Service.....	66	71	259	34	7	16	73	123	20	34	43	54	14	138	29	19	82
2. Field Visits.....	164	111	341	50	35	53	196	374	28	50	143	122	79	102	90	129	86
3. Office Visits.....	12	22	22	1	1	16	5	4	8	33	13	7	0	5	21	9	24
4. Clinic Visits.....	52	79	711	18	8	276	106	4	58	100	14	2	12	3	24	40	148
5. Cases Hospitalized.....	14	13	25	2	4	13	4	11	2	1	21	5	1	2	4	6	14
M. DENTAL HYGIENE																	
1. Admissions to Service.....	0	0	0	0	0	92	61	0	0	0	0	0	0	1,746	0	483	8
2. Preschool Inspections.....	0	0	0	0	0	0	27	0	0	0	2,496	943	0	10,850	0	33	8
3. School Inspections.....	0	0	0	0	0	327	0	0	0	0	0	0	0	712	0	0	0
6. Fluoride Treatments Completed.....																	
P. SANITATION																	
1. Approved Water Supplies Installed																	
(A) Private and Semi-Public.....	12	0	0	0	1	0	27	56	1	2	19	5	0	99	10	81	1
(B) New Public Water Connections	142	0	0	2	0	0	305	105	4	32	41	45	0	391	3	1	0
(C) Drinking Fountains.....	0	0	6	0	0	0	0	8	2	0	0	0	1	0	1	3	1
2. New Specification Privies Installed..	4	7	0	17	7	9	8	9	0	3	0	0	1	6	1	14	4
3. Privies Reconditioned.....	2	0	0	2	0	1	11	36	1	14	3	32	0	0	0	0	4
4. Percolation Tests.....	47	4	308	0	0	14	42	120	2	8	41	135	0	398	0	190	24
5. New Septic Tanks Installed.....	477	182	559	26	9	11	863	338	83	77	123	219	3	1,743	117	2,444	44
6. Septic Tanks Reconditioned.....	10	15	5	3	0	9	7	160	3	4	20	5	0	12	6	150	2
7. New Public Sewer Connections.....	0	41	1	0	1	12	423	56	0	17	7	4	0	508	1	996	1
8-17. Field Visits.....	2,537	2,223	2,431	282	236	433	3,000	4,145	610	3,184	885	3,270	385	10,832	1,206	4,089	1,037

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington
G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4)	13,530	48	809	352	397	182	0	573	274	385	102	1,012	243	621	442 113,332
H. MORBIDITY	563	8	193	0	95	70	2	63	99	3	212	0	741	3	14 9,723
3. Field and Office Medical Visits	1,290	1,393	286	42	206	301	26	37	5	21	474	0	727	12	17 20,738
4. Field and Office Nursing Visits															
J. CANCER CONTROL	219	266	27	24	77	46	18	28	39	18	14	150	31	32	31 3,871
1. Admissions to Service	73	52	75	102	70	78	32	35	23	42	23	94	17	27	27 4,514
2. Field Visits	508	694	33	5	82	42	3	28	98	13	22	331	25	65	30 7,182
3. Office Visits	88	76	10	34	33	24	0	9	10	28	6	34	18	35	15 3,439
4. Ambulatory Cases Treated															
K. DIABETES	24	8	12	6	8	20	1	14	35	0	3	64	10	13	6 1,274
1. Admissions to Service	47	24	32	12	4	275	0	18	5	0	181	126	55	38	10 2,473
2. Field Visits	6	15	6	12	11	26	0	17	213	0	13	291	23	134	13 4,454
3. Office Visits															
L. CRIPPLED CHILDREN	32	29	20	59	122	46	40	40	104	54	18	117	25	69	25 3,746
1. Admissions to Service	49	72	173	267	139	144	240	46	257	79	105	390	81	91	29 8,333
2. Field Visits	5	17	19	2	24	19	12	23	5	5	4	22	7	58	18 917
3. Office Visits	21	5	63	63	188	94	159	6	166	104	87	212	0	54	182 5,893
4. Clinic Visits															
5. Cases Hospitalized	2	5	0	12	40	11	17	1	9	1	3	13	3	13	7 551
M. DENTAL HYGIENE	803	0	0	0	0	19	0	0	489	0	0	1,811	0	0	0 11,122
1. Admissions to Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 626
2. Preschool Inspections	7,410	0	0	955	0	69	0	0	489	0	0	1,762	0	0	0 65,115
3. School Inspections	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0 1,979
6. Fluoride Treatments Completed															
P. SANITATION															
1. Approved Water Supplies Installed	1	37	35	1	0	125	15	18	5	0	0	0	0	0	6 2,398
(A) Private and Semi-Public	495	507	34	1	0	119	0	15	2	187	0	43	0	0	0 5,811
(B) New Public Water Connections	0	27	0	0	0	7	1	0	0	0	0	11	0	0	0 84
(C) Drinking Fountains	15	17	14	1	0	17	22	2	14	11	19	1	4	19	15 969
2. New Specification Privies Installed	4	5	3	0	0	20	1	1	0	0	6	0	0	0	0 632
3. Privies Reconditioned	4,158	723	186	5	8	90	142	6	30	27	0	104	6	49	1 11,039
4. Percolation Tests	2,762	1,228	149	286	790	202	20	47	6	115	22	549	8	145	36 26,410
5. New Septic Tanks Installed	68	439	6	8	3	94	45	23	0	0	5	29	2	7	3 2,021
6. Septic Tanks Reconditioned	14	342	28	0	4	29	1	0	11	94	27	69	0	13	12 4,656
7. New Public Sewer Connections	13,705	7,804	688	2,063	432	2,705	1,450	790	350	1,003	1,378	2,999	343	680	240 226,362
8-17. Field Visits															

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	De Soto	Dixie	Duval	Escambia
R. PROTECTION OF FOOD AND MILK																	
1. Food-Handling Establishments Registered for Supervision	245	42	291	75	159	384	30	9	29	107	69	129	5,115	48	14	504	601
2. Field Visits to Food-Handling Establishments	1,657	358	1,590	554	540	1,240	283	60	207	575	299	544	38,874	496	92	1,280	1,140
6. Dairy Farms Registered for Supervision	30	2	10	4	1	5	15	3	1	4	0	3	84	6	0	2	42
7. Field Visits to Dairy Farms	341	16	147	47	5	23	246	37	13	29	0	83	1,819	107	0	2	610
8. Milk and Milk Products Plants Registered for Supervision	7	2	4	2	1	10	0	2	1	1	0	3	84	1	0	0	4
9. Field Visits to Milk and Milk Products Plants	185	11	60	24	2	96	0	13	1	14	0	83	3,377	14	0	0	68
10. Cows Tuberculin Tested	2,808	18	143	550	0	0	0	0	0	640	0	0	11,818	44	0	0	3,243
11. Cows Bangs Tested	471	13	142	550	1	11	0	159	0	0	0	0	11,90	9	0	0	2,784
S. MOSQUITO CONTROL																	
1. Surveys and Field Visits	71	0	2	5	0	0	8	4	8	2	0	2	0	2	0	0	143
3. Drainage—Linear Feet Completed	702	0	0	2,765	0	0	0	0	0	600	0	0	0	0	0	0	0
5. Mosquito Breeding Places Eliminated	0	0	0	14	0	0	0	0	0	5	0	3	0	0	0	0	5
6. Breeding Places Controlled—Acres	1,587	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	16,879
8. Structures Sprayed with D.D.T.	1	64	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0
T. RODENT CONTROL																	
1. Premises Rat-proofed	0	0	0	0	1	1	1	0	0	0	0	0	117	0	0	0	3
2. Premises dusted, trapped or poisoned	8	175	0	12	1	1	0	2	17	0	0	0	10,732	5	0	0	258
6. Field Visits	0	548	1	42	2	5	2	0	8	1	0	0	14,153	0	0	0	277
V. GENERAL ADMINISTRATION																	
1. Visits in the Interest of Vital Statistics	58	16	105	12	83	399	30	139	5	17	21	87	251	66	67	0	117
2. Lectures, Talks, and Motion Picture Showings	70	16	172	35	35	161	68	266	29	72	21	9	278	81	432	20	290
4. Radio Talks Delivered	2	0	6	0	10	7	0	0	0	0	2	0	0	0	0	0	2
5. News Articles Published	12	2	29	18	9	400	4	26	1	49	20	0	115	0	20	0	29
X. LABORATORY																	
Specimens Examined (1-23)	15,891	1,362	18,411	1,713	6,205	22,734	2,265	956	1,195	1,791	1,548	4,243	106,416	2,196	2,606	21,331	25,568

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	HIGHLANDS	HILLSBOROUGH	Holmes	Indian River	Jackson	Jefferson	Lafayette
R. PROTECTION OF FOOD AND MILK																	
1. Food-Handling Establishments Registered for Supervision.....	45	23	71	22	14	124	70	61	48	12	183	2,359	66	75	86	25	4
2. Field Visits to Food-Handling Establishments.....	157	252	259	246	93	925	153	181	265	109	445	11,264	333	257	491	229	14
6. Dairy Farms Registered for Supervision.....	0	1	13	1	8	2	1	8	9	1	4	146	27	6	36	11	29
7. Field Visits to Dairy Farms.....	0	1	134	18	200	22	3	103	125	9	23	1,310	225	70	231	174	255
8. Milk and Milk Products Plants Registered for Supervision.....	0	0	0	1	1	0	0	2	3	0	2	46	1	4	5	5	0
9. Field Visits to Milk and Milk Products Plants.....	0	0	0	18	17	0	0	8	48	0	7	640	5	9	10	26	0
10. Cows Tuberculin Tested.....	0	0	584	0	727	37	715	665	260	0	0	15,271	459	1	657	382	100
11. Cows Bangs Tested.....	0	0	637	0	1,262	1	392	163	428	0	0	1,450	441	72	0	556	100
S. MOSQUITO CONTROL																	
1. Surveys and Field Visits.....	0	93	88	0	0	27	1	0	0	8	0	356	5	0	1	0	0
3. Drainage—Linear Feet Completed.....	0	9,350	0	0	0	0	0	0	0	0	0	34,660	1	0	0	0	0
5. Mosquito Breeding Places Eliminated.....	0	1	6	0	0	0	1	0	0	0	0	10,810	1	0	0	5	0
6. Breeding Places Controlled—Acres.....	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Structures Sprayed with D.D.T.....	0	4	80	0	0	9	0	2	0	0	0	0	0	0	0	2	0
T. RODENT CONTROL																	
1. Premises Rat-proofed.....	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Premises dusted, trapped or poisoned.....	0	37	98	2	0	0	0	0	0	0	0	0	6	1	5	30	0
5. Field Visits.....	0	50	82	2	0	0	0	0	0	0	0	0	21	2	0	5	0
V. GENERAL ADMINISTRATION																	
1. Visits in the Interest of Vital Statistics.....	24	8	80	66	5	78	8	14	7	13	28	2	12	7	130	17	11
2. Lectures, Talks, and Motion Picture Showings.....	28	15	98	6	10	29	12	37	39	254	83	613	45	28	107	221	25
4. Radio Talks Delivered.....	0	0	0	0	0	0	0	0	0	0	4	2	0	0	0	0	0
5. News Articles Published.....	12	32	6	0	8	3	11	0	13	5	16	83	31	2	4	33	0
X. LABORATORY																	
Specimens Examined (1-23).....	1,261	1,303	3,833	735	1,283	1,303	3,607	3,405	2,985	698	2,347	84,223	2,583	1,834	8,041	2,264	1,394

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	NASSAU	OKALOOSA	Okeechobee	Orange	Osceola	Palm Beach	Pasco
R. PROTECTION OF FOOD AND MILK																	
1. Food-Handling Establishments Registered for Supervision.....	209	167	328	82	16	32	317	177	31	197	27	123	22	192	79	245	193
2. Field Visits to Food-Handling Establishments.....	974	913	2,365	216	77	357	781	727	65	1,085	283	444	93	1,400	728	1,969	739
6. Dairy Farms Registered for Supervision.....	15	5	28	2	2	9	28	19	2	0	2	12	1	4	1	24	3
7. Field Visits to Dairy Farms.....	108	66	451	12	13	219	434	258	21	0	3	65	5	4	4	344	52
8. Milk and Milk Products Plants Registered for Supervision.....	6	1	8	2	0	0	1	7	3	3	2	1	1	1	4	14	0
9. Field Visits to Milk and Milk Products Plants.....	85	11	529	8	0	24	112	18	18	36	3	1	9	1	4	726	0
10. Cows Tuberculin Tested.....	188	0	1,489	1,300	0	583	480	239	160	0	0	187	98	0	192	59	148
11. Cows Bangs Tested.....	910	0	2,410	672	0	905	0	761	26	0	0	104	5	0	192	0	92
S. MOSQUITO CONTROL																	
1. Surveys and Field Visits.....	1,899	36	548	98	0	0	0	10,517	0	26,100	3	62	1	0	15	0	2
3. Drainage—Linear Feet Completed.....	3,760	0	17,398	0	0	0	0	0	0	0	0	0	3	0	4,350	0	0
5. Mosquito Breeding Places Eliminated.....	5	0	454	1	0	0	0	945	0	62	0	0	0	0	0	0	0
6. Breeding Places Controlled—Acres.....	36,509	0	1,489	57	0	0	0	0	1	8,415	0	86	0	0	0	0	0
8. Structures Sprayed with D.D.T.....	1,393	1	40	66	0	0	0	6	0	6,875	0	0	0	0	2	0	0
T. RODENT CONTROL																	
1. Premises Rat-proofed.....	94	0	0	0	0	0	0	0	0	1	44	0	0	0	1	0	0
2. Premises dusted, trapped or poisoned.....	821	0	595	1,752	0	1	0	234	0	243	20	5	0	0	28	8	0
5. Field Visits.....	716	0	645	14	0	1	0	343	0	165	5	1	0	0	4	0	0
V. GENERAL ADMINISTRATION																	
1. Visits in the Interest of Vital Statistics.....	33	32	3	20	7	12	107	7	11	1,417	184	19	43	96	44	77	16
2. Lectures, Talks, and Motion Picture Showings.....	63	41	84	142	30	89	253	93	41	156	103	150	7	295	27	305	24
4. Radio Talks Delivered.....	4	2	2	0	0	0	0	0	0	0	0	0	5	0	0	11	0
5. News Articles Published.....	0	17	76	6	2	10	146	0	38	228	47	26	13	90	3	19	24
X. LABORATORY																	
Specimens Examined (1-23).....	2,945	6,378	28,142	4,932	1,044	2,210	9,067	4,614	1,351	8,116	3,637	2,778	1,134	9,556	1,738	15,867	3,793

TABLE 14—Continued
SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1953

ACTIVITIES	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington
R. PROTECTION OF FOOD AND MILK															
1. Food-Handling Establishments Registered for Supervision.....	2,143	750	109	98	38	102	133	74	37	51	38	1,088	24	59	64
2. Field Visits to Food-Handling Establishments.....	9,765	2,248	325	100	134	434	624	312	491	506	107	6,698	204	217	337
6. Dairy Farms Registered for Supervision.....	52	38	7	6	35	14	4	5	14	4	3	45	2	31	23
7. Field Visits to Dairy Farms.....	718	409	41	13	138	156	19	92	229	52	36	357	7	162	324
8. Milk and Milk Products Plants Registered for Supervision.....	42	12	7	4	3	3	2	1	2	3	0	13	0	3	0
9. Field Visits to Milk and Milk Products Plants.....	718	148	22	11	7	97	5	27	25	21	0	323	0	12	0
10. Cows Tuberculin Tested.....	5,714	4,774	578	120	1,017	949	0	101	535	92	0	0	0	742	479
11. Cows Banged Tested.....	705	366	50	176	693	0	0	49	561	206	0	0	0	1,091	481
S. MOSQUITO CONTROL															
1. Surveys and Field Visits.....	0	15	0	2	5	0	19	12	0	0	0	15	2	45	0
3. Drainage—Linear Feet Completed.....	0	1	0	0	0	0	0	0	0	0	0	0	0	77	0
6. Mosquito Breeding Places Eliminated.....	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0
8. Breeding Places Controlled—Acres.....	0	0	0	0	0	0	0	0	0	35	0	0	0	0	0
8. Structures Sprayed with D.D.T.....	0	0	0	0	5	0	11	2	11	56	0	0	0	1,305	0
T. RODENT CONTROL															
1. Premises Rat-proofed.....	68	1	0	0	0	0	0	0	0	0	3	0	0	1	0
2. Premises dusted, trapped or poisoned.....	2,743	17	0	0	53	20	17	45	1	0	0	8	0	140	123
5. Field Visits.....	1,197	22	0	1	53	6	30	76	1	0	0	6	0	27	0
V. GENERAL ADMINISTRATION															
1. Visits in the Interest of Vital Statistics.....	5	546	0	21	9	87	16	0	2	40	38	6	15	36	8
2. Lectures, Talks, and Motion Picture Showings.....	462	44	89	10	71	240	108	12	126	43	4	203	1	194	63
4. Radio Talks Delivered.....	17	5	0	0	3	14	0	0	0	1	0	0	0	2	0
5. News Articles Published.....	175	23	19	6	18	72	14	9	18	6	2	0	0	14	17
X. LABORATORY															
Specimens Examined (1-23).....	33,696	8,903	2,949	1,658	1,806	11,125	1,704	2,798	6,075	1,705	703	6,241	1,022	2,190	2,597

DIVISION OF PUBLIC HEALTH NURSING

RUTH E. METTINGER, R.N., Director

One of the major objectives of the Division of Public Health Nursing has been to help each public health nurse achieve the knowledge and understanding of a well rounded public health nursing program so that she may assist families to solve their own problems. This has been done through the consultant nurses who have interpreted to the public health nurses the significance and the importance of having a working knowledge of community problems, community resources, and the programs of allied organizations.

The employment of new nurses without experience or training in public health nursing has demanded more visits to the county health units by the consultants. Many of these requests could not be filled, since one of the consultants was assigned to nursing home inspection. A total of 133 visits were made by the consultants to the county health units.

Twenty-eight nurses were oriented in the field of public health nursing. Many of the nurses had to be oriented in the local county health units, since they were unable for personal reasons to go to Gainesville for the two-months' orientation program. However, nine nurses undertook this latter course.

A total of 323 nurses were employed by the State Board of Health and by the county health units as of December 31, 1953. In addition there were 94 public health nurses employed by other agencies.

On December 31, 1953 there were only 13 vacancies in the county health units.

IN-SERVICE EDUCATION, INSTITUTES, AND WORKSHOPS

The Division has continued emphasis during the past year on the In-Service Study Program for public health nurses. Material approved by state and national organizations was sent to the Study Groups for reference. The programs revolved around the activities faced by the nurses from day to day, which covered all service programs in the State Board of Health.

A series of eight 2-day heart institutes were held for public health nurses in strategic points in the State. (See details in Division of Heart Disease Control).

The Human Relations Workshops conducted by a Public Health

Service psychiatrist in four different areas in the State have stimulated role playing by staff members of the county health units and have helped those who participated to recognize mental health problems in individuals and to carry out subsequent action. The attendance was limited to thirty for each workshop, which included public health nurses and allied workers. Approximately 120 attended.

The Mental Health nurse consultant has worked very closely with the Nursing Division in reaching the generalized nurses in the field and correlating their work with this program.

The American Nurses Association, in cooperation with the State Nurses Association (Public Health Nursing Section), conducted a workshop in which the Division of Public Health Nursing participated. One of the purposes of the workshop was the development of the Public Health Nursing Section as it affects the activities of public health nurses and the relationship of this Section to the State Nurses Association. Expenses for those who attended the workshop were paid by the American Nurses Association and the State Nurses Association.

The annual Supervisors' Conference was devoted to the evaluation of the supervisor-nurse relationship. Resource persons in psychiatry and psychology were secured from Florida State University.

The annual Seminar on Obstetrics, sponsored by the Bureau of Maternal and Child Health, was attended by the staff of the Division of Public Health Nursing and by nursing representatives from the county health units.

Four nurses took the two-week course on the Care of the Premature at Jackson Memorial Hospital in Miami.

The exchange visit program between public health and tuberculosis hospital nurses was still in effect in 1953. Since the Program originated in 1950, approximately 300 public health nurses have spent 48 hours in one of the four tuberculosis hospitals, and about 50 nurses from the hospitals have had a two-day orientation in a generalized public health program in a county health department. Public health nurses who made the 48-hour visit two or more years ago are requesting a return visit.

ADVANCED EDUCATION

Some public health nurses have indicated their interest in further education by enrolling in the extension courses offered by the Florida State University. The courses have been held in different sections of the state. Each course carried three credits.

Four nurses took advantage of State scholarships for a year's program of study in public health nursing. Two of the nurses who accepted scholarships from the State have remained at the university at their own expense to secure their Bachelor's Degree in public health nursing.

SCHOOLS OF NURSING

The Division has participated in the planning of the public health program in the basic curriculum of the schools of nursing by attending joint meetings with the instructors of the schools and the nursing personnel of the local health departments. Applications received in this office from qualified nurse instructors (especially in the field of public health nursing) were referred to the various schools. Seven county health units have accepted students from schools of nursing for a three-day experience in the field of public health. The health departments have also been asked to assist the schools in giving lectures on the theory of public health nursing. Where a coordinator is employed, this responsibility is left to her.

MIDWIVES

The State midwife teacher held 18 institutes with an attendance of 187 midwives. Visits were made to twenty counties to assist the nurses to further improve the midwife program, to recruit and train persons replacing the old midwives, and to give individual assistance to midwives in carrying out the policies and procedures of the State Board of Health, such as filing birth certificates early. A total of 69 field visits were made to individual midwives and their cases. Ten midwives were retired with honorable discharges. In 1953, 369 midwives were licensed.

The State midwife teacher spent three weeks at the Maternity Center Association in New York City, attending a workshop on Preparation for Parenthood.

VISITING NURSE ASSOCIATIONS

The organization and development of three Visiting Nurse Associations (Clearwater, Ft. Lauderdale and Orlando) has been accomplished during the year, making a total of ten Visiting Nurse Associations — six of which are coordinated with the local health departments.

CIVIL DEFENSE

The Division continued to participate in the State Civil Defense Program by conducting classes for registered and practical nurses on "Nursing Aspects of Atomic Warfare." A workshop was attended in Gainesville on community participation in case of a disaster. This was sponsored by the State Civil Defense organization.

SCHOOL HEALTH PROGRAM

A member of the staff participated in the joint meeting between representatives from the State Department of Education and the State Board of Health.

FIELD ADVISORY STAFF

J. L. WARDLAW, JR., M.D., M.P.H., Director

Personnel on the Field Advisory Staff consists of a director and two each sanitation, record, and nurse consultants. The two nurse consultants are loaned to the Division of Public Health Nursing and function as district consultants through that office. Their activities have been covered in the report of that division. As indicated by the title of this division, personnel serve as general consultants to the local health departments. They are concerned more with the general over-all activities of the departments rather than with the technical phases of the programs of the individual divisions and bureaus, although all the consultants can and frequently do answer technical questions which arise during their visits to the county health departments.

While it is difficult to measure the accomplishments of a program of this type, some indication of the activities of various members of the staff is given in the accompanying table, except for the nurse consultants. They work under direction of the Division of Public Health Nursing. Routine visits are made to all new employees and other visits are made to the counties only on request of the local health department.

Although there were fifteen counties which were not visited by the director, three which were not visited by a sanitation consultant and five which were not visited by a record consultant, there was no county in the state that was not visited twice during the year by some member of the staff. The total number of visits made represents an increase of slightly more than fifty per cent of those made in the previous year.

TABLE 15
ACTIVITIES OF FIELD ADVISORY STAFF

Consultant	Counties Visited	Number Visits	TYPE VISITS		PERSONS SERVED				
			Routine	Request	Old Em- ployee	New Em- ployee	Health Officer	Group	Other
Record.....	61	120	98	22	88	32	9	1	1
Sanitation....	63	161	123	38	142	3	69	19	45
TOTAL...	124	281	221	60	230	35	78	20	46

This is indeed gratifying since beginning July 1 two things occurred which drastically affected the program. First, because of budget limitations it was impossible to replace one of the record consultants who resigned, and second, the administration of the law requiring the licensing of nursing homes was made the responsibility of the Field Advisory Staff.

NURSING HOME LICENSURE

It became necessary to recall one of the nurses loaned to the Division of Public Health Nursing and assign her and one of the sanitation consultants to this program. Mrs. Ferne Britt and Mr. Claudius Walker were given this assignment. Their first duty was to study the rules and regulations and the effect in other states having similar regulations; and to develop a preliminary set of rules and regulations for our program. This was quickly and efficiently done and the tentative regulations were presented to the following committee:

Mrs. Ferne Britt, Nurse Consultant, State Board of Health
 Mrs. Margaret H. Jacks, Social Worker, State Welfare Board, Jacksonville
 Miss Marjorie Morrison, Chief Nutrition Consultant, State Board of Health
 Mr. Liles W. Grizzard, Sec'y.-Treas., Dade County Convalescent Homes of Dade County, Inc., Miami
 Mr. Jack R. Rice, President, Convalescent Homes Association of Dade County, Inc., Miami
 Mr. Sidney Entman, Executive Director, River Garden Hebrew Home for the Aged, Jacksonville
 Miss Enid Mathison, Nurse Consultant, State Board of Health
 Miss Mary Luvisi, Director, Visiting Nurse Association, Jacksonville
 Mrs. J. Frank Rushton, representing Church Group, Jacksonville
 Mr. J. B. Chancey, State Hotel Commission, Jacksonville
 Mr. G. R. Wilson, Deputy State Fire Marshal, Jacksonville
 Mr. Carl B. Davis, Chief State Fire Marshal, Tallahassee
 Mr. Jack F. Monahan, Jr., Executive Secretary, Florida Hospital Association, Orlando
 Mr. J. B. Miller, Sanitary Engineer, State Board of Health
 Mr. Sherwood Smith, Director, State Welfare Board, Jacksonville
 Mr. Philip S. May, Attorney, State Board of Health, Jacksonville
 Wilson T. Sowder, M.D., State Health Officer, State Board of Health, Jacksonville

James L. Wardlaw, Jr., M.D., Director, Field Advisory Staff, State Board of Health, Jacksonville

This Committee, which met on July 15, 1953, thoroughly studied the proposed regulations and made many recommendations concerning them. All of these recommendations were incorporated in a second draft which was then presented to and adopted by the Board of Health at their August meeting.

In order to acquaint the nursing home operators with the provisions of the law and of the newly adopted rules and regulations, meetings were held in fourteen key cities throughout the state where Doctor Wardlaw, Mrs. Britt and Mr. Walker discussed the programs and answered the questions raised by the nursing home operators. The response to these meetings was excellent. They were attended by four hundred and twenty-four people, including representatives of the health departments in the cities where the meetings were held.

Following this series of meetings the actual inspection phase of the program was begun. As of December 31 one hundred and fifty-nine homes were automatically licensed (having until July 1954 to meet standards) and forty-seven homes inspected. Although none of the homes so far inspected have been able to meet the standards, there were some who had very little to do in order to comply with the regulations. There were many which were so far below standard that they decided to go out of business immediately or before the deadline of July 1, 1954.

It is our present plan to have all of the homes in the state inspected, licensed and up to standard by July 1, 1954, at which time the program will be turned over to the local health departments for the continuance of inspections. In order to do this, however, it will probably be necessary to provide another nurse-sanitarian team, which will further handicap both our general consultation program and that of the Division of Public Health Nursing.

HOSPITAL CONSTRUCTION AND LICENSURE

Although the hospital construction program in this State is the function of the State Improvement Commission, the licensing of those hospitals which were constructed in whole or in part through the use of federal funds is the responsibility of the State Board of Health. The following two new hospitals were licensed during the year, as well as the eighteen previously reported in the 1952 Annual Report:

Hollywood Memorial Hospital, Hollywood	75 Beds
Fish Memorial Hospital, DeLand	52 Beds

HEALTH CENTERS

New centers which were opened during the year were Winter Haven and Hollywood and the Pinellas County Health Department in St. Petersburg which was renovated.

Counties which are contemplating construction during the coming year are Alachua, Jackson, Manatee, Broward and Hillsborough.

CIVIL DEFENSE

Due to the pressure of other duties, very little was accomplished in the field of Civil Defense in the past year. At a Civil Defense Leadership Conference held at the University of Florida on October 8-10, 1953, the State Medical Plan was discussed and in view of recommendations made at that time the Committee was in agreement that the plan should be revised. This project will be undertaken as soon as possible after the nursing home licensing program has become stabilized.

FIELD TRAINING CENTER, GAINESVILLE, FLORIDA

FRANK M. HALL, M.D., M.P.H.

The function of the Training Center (training personnel to meet the demand for improved and expanded health services in Florida), was limited severely during 1953 because of a budgetary cut. The retrenchment in personnel coincident with the \$16,000.00 budget cut made it necessary to transfer the sanitary engineer from the Training Center to other duties in the State Board of Health's central office. This cut in financial support was effective July, 1953, with the result that the counties sponsoring personnel for training at the Center were required to meet all the costs of the training. It is felt that this added responsibility placed on the counties, especially the smaller ones, has not tended to encourage sending professional staff members for field orientation.

While a training program has been created, with a staff capable of organizing and manning field training activities, which it is believed serves public health needs in most areas, training has not been as productive during the past year as formerly. The obvious factors which cause this situation are: reduced financial support, transfer of personnel, and academic leave. If the proper perspective can be focused on public health personnel training to include assignment of those who are qualified to do the training at the Center for specific periods of time each year, the training program can be continued successfully.

On numerous occasions during the year, consultant service has been rendered in one or more phases of the training program. This service is heavily weighted in favor of sanitation problems. Requests for assistance in various fields or activities are numerous and a satisfactory solution is attempted either through correspondence or personal visit and consultation. This consultant phase of the program fits into the over-all cooperative training effort and the demand for this type of service seems to be on the increase.

No specialized courses were offered during the year although the training staff is interested in making this type of service available on demand. These courses would be more specialized in content, shorter in length and given on a decentralized basis, and tailored to meet the needs of the group for which each is planned.

The personnel report of those participating in training activities is as follows: 6 physicians (less than 1 month); 29 nurses (less than 1 month) and 6 (1-2 months); 8 sanitarians (2-3 months).

This training is offered to any person who can qualify under the Merit System of the State. The principal purpose of the training is to give the employed or prospective employee factual information, orientation to field concepts and activities, and opportunity for practical experience in the field. The trainee is given an opportunity to gain experience by actually participating in the regular activities of an operating health department. Guidance and counsel are provided by the training staff but each trainee has an opportunity to work on his own in solving practical problems. Planned discussions, in which trainees take part, precede and follow each field project.

BUREAU OF PREVENTABLE DISEASES

L. L. PARKS, M.D., M.P.H., Director

The Divisions of Communicable Diseases, Venereal Diseases, Cancer Control, Industrial Hygiene, Veterinary Public Health and Milk Sanitation constitute the Bureau of Preventable Diseases.

The activities of the various divisions are included in their respective reports. Below are some of the problems and conditions with which the *Communicable Disease* section has dealt during the past year.

The reporting of most contagious diseases is far from complete except in communicable diseases of major importance such as smallpox, diphtheria or poliomyelitis. The number of reported cases of many other illnesses indicate the trend of the disease in question. Many communicable diseases have shown little change in incidence in the past few years, such as amebiasis, typhoid fever, salmonellosis, encephalitis, tetanus and typhus fever. There was one case of Hansen's Disease reported in South Florida this year.

The Medical Practice Act passed by the Legislature in 1951 nullified the regulations of the State Board of Health in the reporting of communicable diseases. An Act was passed by the 1953 Legislature requiring the reporting of communicable diseases by certain practitioners of the healing arts to the State Board of Health. This Act required the reporting of communicable diseases by all attending practitioners of medicine as well as veterinarians.

The State Board of Health continued to distribute biologicals to the health departments without cost to the counties. The biologicals are intended only for indigent patients and are not distributed to private physicians for pay patients.

The distribution of gamma globulin for measles, infectious hepatitis and poliomyelitis was made the responsibility of the State Board of Health when this biological was taken off of the market. A few people were disappointed in not being able to get gamma globulin as freely as they desired, but it is believed that the distribution of this product was handled reasonably well throughout the State by the county health departments.

On July 22, 1953, Dr. Carl P. Bernet, Jr., was assigned to the Bureau of Preventable Diseases from the Communicable Disease Center, Atlanta, Georgia, for the purpose of evaluating the value of gamma globulin in the prevention of poliomyelitis. Gamma globulin was

made available from the Office of Defense Mobilization through the National Polio Foundation and the American Red Cross. The quota of gamma globulin made available to Florida was based on the number of cases of poliomyelitis which had occurred in Florida during the years 1947-51. Certain rules and regulations, based upon the recommendations of the Office of Defense Mobilization, were established by the State Board of Health and presented to the local health departments and medical societies for the handling of this biological. At first, gamma globulin was made available only to household contacts of poliomyelitis cases under thirty years of age and to prenatal cases of any age. Later, because of an increased supply, it was extended to classroom school mates and other intimate or direct contacts of cases. Although studies were carried out to evaluate the effectiveness of gamma globulin throughout the state no definite results could be drawn.

There were 733 cases of poliomyelitis reported in Florida or 70 more cases than were reported in 1952. Two hundred and nine (209) of these cases were reported as being paralytic, 237 were non-paralytic and 287 were not classified. Cases of poliomyelitis were scattered over the State and occurred in 44 different counties. It occurred every month of the year; however, the largest number of cases were reported in October. The same was true in 1952. The area affected most severely was Key West during September and October; this area met the requirements of the Office of Defense Mobilization for the mass gamma globulin immunization. An additional supply of this substance was made available to the Monroe County area, and over 7,000 inoculations were given to children under fifteen years of age, and to prenatal cases. After this immunization program a sharp decrease in the number of cases of the inoculated group occurred, but how much credit could be given to gamma globulin could not be determined.

There was an influenza epidemic in Dade, Collier, Brevard, Leon and Okaloosa Counties during the first quarter of the year. No doubt, there was also a marked increase of influenza in other parts of the State which is not reflected by the case reports because of the incomplete reporting of this disease in some counties. Influenza, as a rule, is one of the poorly reported diseases, because many cases are never seen by a physician, and the numbers can be multiplied many times to represent the actual cases.

In contrast to influenza, measles hit a low record. Only 1,185 cases were reported, the lowest number since 1948.

From only 66 cases in 1951 the number of diphtheria cases gradually increased to 114 during 1953. Many of these cases reported were

in the South Central counties. In addition, a small epidemic occurred in a colored housing project in Bay County. The importance of immunization of the infant and pre-school child must be stressed as the answer to the increase in diphtheria for the State.

Two diseases which were uncommon for many years are being reported with increased frequency; namely, infectious hepatitis and ringworm of the scalp. Both diseases are considered public health problems. Infectious hepatitis increased from 4 cases reported in 1949 to 301 in 1953. Children and young adults were the most frequently involved, and the cases were scattered over Florida.

Ringworm of the scalp is less serious as it is not an acute illness but it does affect the health of the child, and the interference in his school life can be marked. This disease is due to two types of organisms often referred to as the "human type" and the "animal type." Formerly the more easily controlled "animal type" was the causative agent in the majority of cases. The apparent increase of the "human" infection has accounted for the rise in the total number of cases.

The typhoid register showed 86 known typhoid carriers in the State.

There were 19 cases of malaria reported during the year. Most of these cases were reported among returnees from Korea and no known cases originated in Florida.

The incidence of communicable diseases for the year was not particularly unusual for the State as a whole. No significant problem occurred, but there was a slight rise in a few of the diseases which emphasized the necessity of continued vigilance and control of the scattered cases as they do appear.

TABLE 16
TOTALS OF REPORTED CASES OF NOTIFIABLE DISEASES, BY COUNTIES, FLORIDA, 1953, AND STATE
TOTALS FOR 1952 AND 1951

Year 1953	State Population (1953 Estimate) 8,111,100	Cancer	Chancre	Chickenpox	Conjunctivitis	Diarhea of the Newborn (Epl.)	Diphtheria	Dysentery, Ameb.	Dysentery, Bac.	Erysipelas	Food Poisoning	German Measles	Gonorrhea	Granuloma Ing.	Hookworm	Influenza	Jaundice, Catarrhal	Lymphopatia Ven.	Malaria	Measles
1951	5,067	61	7	21	90	60	66	88	47	8	10	214	12,709	417	6,561	564	46	40	23	2,431
1952	5,353	482	1,261	72	143	82	82	161	235	12	13	304	11,809	233	6,611	218	236	120	50	4,072
1953	5,717	328	1,906	146	90	114	114	177	53	22	42	305	11,459	109	4,206	1,406	301	96	19	1,316
Alachua	61,050						1					127	576	8	224			5	1	6
Baker	6,320			6															3	8
Bay	42,720	62	1	26	3		11	15	4		10	8	217	2	154	12	3		1	3
Bradford	11,910			21				1					53		60					2
Brevard	26,430	54	13	100		1				1		2	130	1	11	124	12	1	1	22
Broward	105,660	147	33	33			2	3	1		2		183	3	22	9	3	6	1	87
Brown	7,920				2															
Calhoun	7,920						1													
Charlotte	4,320	19		33			2	1		1		1	5		6					19
Clay	6,510	10																		
Clay	17,130	17	2	36			1		2											
Collier	7,510	7	1	8		1	1	3			1	2	18	1	5		1			36
Columbia	18,880	32					1						26		19	165	1		2	
Dade	612,900			1			4	2					63	1	2				2	228
Dade	1,128	71	546		20	77	4	67	2	4	1	30	2,025	11	5	261	42	7	2	
De Soto	10,800	24					1							8						
Dixie	3,000	4												1						
Duval	324,600	444	93	187	2	2	4	18	3	1		36	1,578	12	165	9	18	37		73
Escambia	117,000	162	26	22	33	2		7	3	3		19	881	2	24	44	28	3	7	10
Fagler	3,850	27		23																7
Franklin	8,800	37		4				1		1										
Gadsden	40,010	37	1	10			4	1			1									
Glehnast	3,630	11																		
Glades	2,200	4																		18
Gulf	7,830	12					1						24		21	9	4			1
Hamilton	9,150	17											55							
Hardee	11,070	25		2			3	6												
Hardy	6,630	7		1					1											17
Hendry	7,300	11											9		275		1		2	2
Hernando	7,300	11																		
Hillsborough	14,900	26	1	10					2			6	149	2	3	8	35		5	5
Hillsborough	277,730	494	26	251	2	3	9	7	3	3	2	24	986	4	129	77	19	2	2	106
Holmes	14,010	20		1																
Indian River	13,990	29		4					3							1	2			9
Jackson	34,750	47					1						300				1	1		

TABLE 16—Continued
TOTALS OF REPORTED CASES OF NOTIFIABLE DISEASES, BY COUNTIES, FLORIDA, 1953, AND STATE TOTALS FOR 1952 AND 1951

Year 1953	State Population (1953 Estimate) 3,111,100	Cancer	Chancreoid	Chickenpox	Conjunctivitis	Diarrhea of the Newborn (Epi.)	Diphtheria	Dysentery, Ameb.	Dysentery, Bac.	Erysipelas	Food Poisoning	German Measles	Gonorrhea	Granuloma Ing.	Hookworm	Influenza	Jaundice, Catarrhal	Lymphopneuthia Ven.	Malaria	Measles
Jefferson...	10,410	12		9							1	3	1		62	2	1			52
Lafayette...	3,440	66						1	3			5	37	2	138	8	8	1		56
Lake...	41,800	40	12	32			6	29		1	1	1	71	1	379	200	24			21
Lee...	23,410	70	10	59	2		2	1	8	1	6	1	791	1	186	2	1			2
Leon...	56,300	15		3					1				2		154					1
Levy...	11,060	15		3			1						41		120	14	3			5
Liberty...	3,180	20	1	1				1	1	3	1		98	2	111	41				1
Madison...	14,210	3	5	11	6								286	5	5	16	3			2
Manatee...	39,820	84	1	5							1	4	21	1	5	20				65
Marion...	40,170	61	10	25	1			2	3				251		18	10	9			5
Martin...	8,970	35		35	1		3						12		34	233	2			5
Monroe...	37,110	20	7	6			1						273	3	19	7	29			8
Nassau...	14,160	18	6	24	1		2	1	1	1	1		8	7	37	2				138
Okaloosa...	34,920	38	6				1						207		4	2				5
Okechobee...	3,750	2	3	89			18	1	1	2		14	34	31	5	5		22	2	3
Orange...	133,600	266			2			1				1	534		365	7	2			8
Oscola...	11,950	43	6	45			1	1	1		12	1	45	2	280	37	26			146
Palm Beach...	121,550	309			68			7	2	2		1	207	1	41			1		1
Pasco...	25,000	54	1	67			4		3	2			48	1	1					3
Pinellas...	178,070	516	4	45			16	1	1				71	4	1					1
Polk...	132,000	187	2	2							1		44	3	10			1		1
Putnam...	27,390	39	2	4			3					1	89	2	184					2
St. Johns...	27,200	58	2	2			1			1		3	83	5	32		1		1	16
St. Lucie...	24,900	36	1	2								7	52	23	19		11			12
Santa Rosa...	19,550	34		2							1		6	6	119		2			28
Sarasota...	35,090	84					6		3	1			116		182	6	3			3
Seminole...	28,430	43		15	3										6	11				
Sumter...	11,900	16		7											21					
Suwannee...	17,010	32		2	1										119					
Taylor...	10,400	20		4											21		1			19
Union...	7,440	8							1		1	3	10		97					4
Volusia...	84,450	420	2	25								2	45	46	65	21				
Wakulla...	5,380	12	1	5								1	46		54		1			
Walton...	15,290	33	2	2											78					
Washington...	11,890	24		2										2						

TABLE 16—Continued
TOTALS OF REPORTED CASES OF NOTIFIABLE DISEASES, BY COUNTIES, FLORIDA, 1953, AND STATE
TOTALS FOR 1952 AND 1951

Year 1953	Other Diseases																							
	Meningitis, Epi.	Mumps	Ophthalmia Neo.	Paratyphoid	Pneumonia	Polymyelitis	Rabies, Animal	Salmonella	Scarlet Fever	Streptococcal Inf.	Syphilis	Tetanus	Tuberculosis	Tularemia	Typhoid Fever	Typhus Fever	Undulant Fever	Vincent's Ang.	Whooping Cough	Ringworms of the Scalp	Trachoma	Hansen's Disease	Anthrax	Dengue Fever
1951.....	92	2,101	14	8	727	362	11	112	305	61	9,445	34	2,500	6	23	20	10	95	920	6	0	2	5	1
1952.....	88	1,985	20	10	707	663	20	68	412	48	6,722	46	2,603	18	36	11	10	75	291	50	1	2	0	0
1953.....	102	1,112	7	15	959	733	58	76	497	95	6,722	44	2,424	7	41	10	10	83	209	103	1	1	1	2
Alachua		8	1			7	1	5			106		27						1					
Baker					1						15													
Bay	5	16			2	10		1	4		59		42		1		1	2	4					
Bradford		25			2						9													
Brevard	17	6			6		1	7	1			1	24		1		2							
Broward	17	18			13	37			3	2	334	0	91	1			6	6	3					
Calhoun								1				1												
Charlotte		3				1					9		3											
Charlotte																								
Citrus							2				8		2											
Clay		3	1			5	1				25		18					1						
Collier		4			28			2			46	1												
Columbia						1					68		13		1		1	28	36	10	1			1
Dade	10	458	1	2	512	132		3	55	70	1,376	5	449	4	11	1		2	2					
De Soto		2									21		14											
Dixie																								
Duval	18	64		2	2	45		12	56	7	1,100	9	268		7	1	2	4	3	3				
Escambia	12	14	1	2	58	19	2		32		106	2	101	1	2		1	1	4	1				
Flagler		4									9													
Franklin									1		15													
Gadsden		2				1					183		57	1										
Gleborist											2													
Glades											14		2											
Gulf											2													
Hamilton											41		6											
Hardee					1	3	1		9		17		6											
Hendry											8													
Hernando							1				31							5						
Highlands	2	2	1		5			1			278	1						12						
Hillsborough	22	72	1	1	128	65	9	14	112	6	351	2	278		3	1	5	12	20	1				
Holmes						2	3		2		35		5											
Indian River	1	4				6		4	2		35	1	7		1		1							
Jackson	2				3		15		2	2	42		14											

TABLE 16—Continued

TOTALS OF REPORTED CASES OF NOTIFIABLE DISEASES, BY COUNTIES, FLORIDA, 1953, AND STATE TOTALS FOR 1952 AND 1951

Year 1953	Meningitis, Epi.	Mumps	Ophthalmia Neo.	Paratyphoid	Pneumonia	Polio-myelitis	Rabies, Animal	Salmonella	Scarlet Fever	Streptococcal Inf.	Syphilis	Tetanus	Tuberculosis	Tularemia	Typhoid Fever	Typhus Fever	Undulant Fever	Vincent's Ang.	Whooping Cough	Other Diseases					
																				Ringworm of the Scalp	Trachoma	Hansen's Disease	Anthrax		
Jefferson		3									9														
Lafayette		28			1	4	7	3	10		69		39						2	3	4				
Lake		3			1	4		3	3		103		18		1					3	6				
Lee	1	7			31	10	1		28	2	223	1	30					3	6	46	1				
Leon											16	1	4												
Levy		1									32		1												
Liberty						2							8												
Madison	1	6									30	1	35						3						1
Manatee		11	1			4			6		66	1													
Marion	1	1				4	2	1	3	2	101	1	45		1										
Martin	5	2		1	30	59			8		93	1	8					3	24	15					
Monroe	5	25			1	2			4		23		4						6						
Nassau	1	23			22	5					28		8												
Ocala	3	3			1						15		1						4	18					
Okeechobee						64		3	38		251	1	89		1	1			1						
Orange	2	63				0	3				30		17						1						
Osceola						64		1	24		233	7	127		2										
Palm Beach	2	20			6	1	1	3	33	3	33		12												
Pasco	1	35			12	1					277	1	157		2										
Pinellas	2	28		2	7	35		9	18	1	104		101		2				1	12	1				
Polk	7	11		4	65	36	1		23	1	147		23		1										
Putnam	4	4				4					99		12												
Putnam	1	6					1		3		36		11		2										
St. Johns					1	2			1	1	7		7												
St. Lucie	1				2	16					32		31												
Santa Rosa	1				2	20			7		115		15			1									
Sarasota	2	21			2	3			4		2		2												
Seminole	0	9			2	1	1	2	1	2	21		11			1									
Sumter	3	2			2	4		1			30		7												
Suwannee	2	3			1	2			3		19		24												
Taylor					1	6	2		12		127		43		2	1									
Union	1	18			1				6		20		3												
Volusia					2	4			5		20		6			1									
Wakulla		1					3				6		0												
Washington		5																							

VENEREAL DISEASE CONTROL

WILLIAM A. WALTER, M.D., M.P.H., Director

During 1953 syphilis has shown a marked decline over the previous year. Florida had a total of 6,722 reported cases of syphilis compared with 10,824 in 1952. Thus there was a decrease of about 38 per cent. A total of 585 primary and secondary cases reported this year compared with 785 primary and secondary cases in 1952 represents a decline in early infectious cases of 25 per cent.

The Central Registry Unit shows that approximately 50 per cent of all cases of syphilis are reported by private physicians, which fact is of tremendous value to the public health program. Yet we realize that case interviewing, contact follow-up, and adequate treatment must reach many of these cases reported by private physicians. Often he is too busy to perform this important phase of venereal disease epidemiology. Public health workers must strive untiringly to enlist the cooperation of the private physician in this field, if the situation is to improve. Only half of our known cases of syphilis are being contacted through the county health departments.

The reported incidence of gonorrhea has shown a slight decrease during the year. This relatively small drop in reported infections has not resulted in any appreciable change in the gonorrhea case load. A much higher percentage of cases of gonorrhea are reported by the local health departments compared with reporting of syphilis by private physicians. This is believed primarily due to one-visit diagnosis and treatment of gonorrhea, whereas syphilis patients must return for several visits before completing adequate therapy.

The lesser venereal diseases known as chancroid, granuloma inguinale, and lymphopathia venereum have all shown a decrease during the past year. In previous years, it is believed that the rise and fall in reporting of these diseases was often due to improper diagnosis. This year, of the 533 cases of all the minor venereal diseases reported only eleven cases were reported by private physicians. The greater percentage of reported cases were diagnosed in the Prevention and Control Centers.

The six Prevention and Control Centers located at Jacksonville, Miami, Pensacola, Tallahassee, Tampa, and West Palm Beach have functioned since the latter part of 1952. These centers have not only cared for the venereal disease case load within their respective counties but have given diagnosis, initial treatment, and/or valuable aid to designated counties in their regions. A total of 96,622 persons

were examined during the year and 2,824 were given epidemiological treatment. However, with the present drugs and proper epidemiology to combat our venereal disease problems it is believed the Prevention and Control Centers will soon give way to the local health units. This will integrate this phase of public health into their regular schedule of controlling public health hazards and problems within the community.

Florida has seen a tremendous change in venereal disease control in the past few years. The first federal assistance was received in 1936. The Division of Venereal Disease Control was established in 1938, and consisted of a director and three lay workers. (For an inclusive review of venereal disease activities in the years past, please see the 1952 Annual Report.)

Briefly, in these fifteen years of venereal disease control, it can be seen that the early methods of control were very unsatisfactory due to long treatment schedules and poor epidemiology measures. The inpatient care at the Rapid Treatment Centers was unquestionably of utmost value in diagnosis, treatment, and follow-up of patients and contacts. Now the trend is away from outpatient ambulatory care in the Prevention and Control Centers and back to control by county health units.

The venereal disease control program has achieved great success during the past few years mainly due to improved medical treatment, better epidemiology, and widespread public interest. Much of this success has been possible because of federal assistance in technical aid and funds.

TABLE 17
SYPHILIS CASES REPORTED BY STAGE OF INFECTION AND
RACE, AND RESULTS OF DIAGNOSTIC OBSERVATIONS
FOR VENEREAL DISEASES, FLORIDA, 1948-1953

Year	SYPHILIS CASES REPORTED									V.D. DIAGNOSTIC OBSERVATIONS		
	By Stage						By Race			Number Completed	Number Infected	% Infected
	Total	Primary	Secondary	Early Latent	Late	Congenital	White	Colored	Unknown			
1953	6,722	309	276	2,245	3,648	244	1,706	4,894	122	163,181	15,628	9.6
1952	10,824	392	393	3,870	5,730	439	2,347	8,284	193	132,360	13,967	10.2
1951	9,445	550	561	3,188	4,711	435	2,335	6,914	196	163,054	18,070	11.1
1950	10,784	769	741	3,997	4,833	444	2,750	8,034	•	159,666	28,992	18.2
1949	12,405	1,077	1,297	4,817	4,731	483	2,857	9,548	•	156,394	38,126	24.4
1948	15,395	1,990	2,857	5,178	4,844	615	3,344	12,140	•	137,998	35,556	25.5

* Included in White.

TABLE 18
TOTAL NUMBER OF SYPHILIS CASES REPORTED BY STAGE
OF INFECTION, PREGNANCY STATUS, RACE AND SEX,
SOURCE OF REPORT, BY COUNTIES, FLORIDA, 1953

County	STAGE OF INFECTION							RACE AND SEX				SOURCE OF REPORT			
	Total	Primary	Secondary	E. Latent	Late	Con- genital	Preg- nancy	White		Colored		Un- known	Clinic	Pvt. M.D.	Other
								Male	Female	Male	Female				
TOTAL.....	6722	309	276	2245	3648	244	213	875	831	2275	2619	122	3159	3465	98
Alachua.....	106	4	6	37	55	4	17	7	2	42	52	3	78	28	....
Baker.....	15	1	1	2	11	..	2	4	1	1	1	..	7	8	..
Bay.....	59	9	2	24	21	3	1	4	5	17	33	..	45	12	2
Bradford.....	9	..	..	2	7	..	1	1	..	5	1	2	8	1	..
Brevard.....	161	6	9	66	76	4	2	11	13	63	72	2	111	50	..
Broward.....	334	30	11	156	123	14	9	34	44	121	133	2	113	221	..
Calhoun.....	9	3	2	2	..	2	1	..	..	2	3	..	3	6	..
Charlotte.....	9	1	..	..	8	..	..	3	2	3	1	..	3	6	..
Citrus.....	8	..	..	4	4	..	..	1	1	2	4	..	4	4	..
Clay.....	25	..	..	5	20	..	..	5	2	8	10	..	19	6	..
Collier.....	46	..	1	15	28	2	2	4	3	9	30	..	35	11	..
Columbia.....	58	5	6	16	26	5	4	5	3	25	23	2	32	26	..
Dade.....	1376	55	45	395	836	45	42	268	286	333	453	36	418	958	..
De Soto.....	21	1	..	1	16	3	..	8	6	4	3	..	5	16	..
Duval.....	1100	26	47	395	612	20	20	109	87	358	512	34	398	702	..
Escambia.....	166	12	7	60	77	10	4	10	13	67	76	..	150	16	..
Flagler.....	9	..	1	2	6	..	..	..	..	1	8	..	7	2	..
Franklin.....	15	..	..	4	9	2	..	2	5	1	7	..	11	4	..
Gadsden.....	71	5	5	30	27	4	3	3	4	25	39	..	22	49	..
Gilchrist.....	2	..	..	..	2	..	..	..	..	1	1	..	2	1	..
Glades.....	2	..	..	..	8	2	3	1	3	2	8	..	11	3	..
Gulf.....	14	..	1	3	7	..	..	..	..	17	14	..	29	12	..
Hamilton.....	41	4	2	..	26	2	2	5	5	..	9	..	3	3	..
Hardee.....	6	..	..	3	3	..	..	1	2	..	3	..	10	7	..
Hendry.....	17	3	..	8	6	..	1	1	1	6	5	..	7	1	..
Hernando.....	8	..	1	2	5	..	..	2	14	3	1	15	16	..	..
Highlands.....	31	2	1	8	16	4	3	1	2	11	120	3	216	116	19
Hillborough.....	351	19	17	122	180	13	5	61	56	111	120	3	216	116	19
Holmes.....	9	..	..	1	8	..	1	3	3	8	18	..	4	31	..
Indian River.....	35	3	..	10	19	3	2	5	4	18	18	1	38	4	..
Jackson.....	42	1	1	9	21	10	..	1	3	19	18	..	5	4	..
Jefferson.....	9	..	2	3	2	..	..	..	..	3	4	..	2	5	..
Lafayette.....	7	..	2	4	1	..	1	..	..	3	4	..	2	49	..
Lake.....	69	5	1	24	38	1	3	7	2	28	32	..	20	..	..
Lee.....	103	5	..	54	44	..	4	8	8	29	57	1	82	21	..
Leon.....	208	2	4	52	132	18	3	6	9	95	94	4	183	25	..
Levy.....	16	1	..	7	7	1	1	1	..	9	6	..	11	5	..
Liberty.....	2	..	..	1	1	..	..	..	..	1	1	..	1	2	..
Madison.....	30	1	1	5	17	6	3	3	3	8	16	..	18	12	..
Manatee.....	66	2	1	27	32	4	..	6	8	26	25	1	38	28	..
Marion.....	101	4	4	40	48	5	3	4	6	46	44	1	67	34	..
Martin.....	30	..	2	12	16	..	..	3	2	14	11	..	18	12	..
Monroe.....	93	14	7	20	51	1	2	15	14	36	28	..	61	32	..
Nassau.....	23	1	3	3	15	1	1	1	5	8	9	..	13	10	..
Okaloosa.....	28	8	..	8	12	..	3	4	4	8	12	..	19	4	5
Okeechobee.....	15	..	..	10	5	..	..	1	1	7	6	..	12	3	..
Orange.....	251	5	25	86	130	5	5	36	40	73	97	5	94	156	1
Osceola.....	30	..	..	5	25	..	1	..	5	10	14	1	22	8	..
Palm Beach.....	283	14	4	149	106	10	7	34	31	144	74	..	149	134	..
Pasco.....	33	5	2	9	17	..	7	8	3	13	9	..	14	19	..
Pinellas.....	277	16	18	48	188	7	7	60	52	85	76	4	135	142	..
Polk.....	164	9	7	53	93	2	3	26	17	53	59	9	41	123	..
Putnam.....	47	..	1	13	32	1	4	4	5	21	17	..	13	34	..
St. Johns.....	99	5	4	44	42	4	12	6	5	47	41	..	75	21	3
St. Lucie.....	36	..	2	11	19	4	2	2	2	11	21	..	20	16	..
Santa Rosa.....	7	..	..	2	5	..	..	2	2	4	10	12	2	4	23
Sarasota.....	32	1	..	6	25	..	..	4	4	10	12	2	20	95	..
Seminole.....	115	4	4	50	54	3	10	2	7	53	52	1	11	10	..
Sumter.....	21	2	1	8	9	1	2	1	1	7	13	..	19	11	..
Suwannee.....	30	..	7	7	14	2	1	1	2	15	11	1	11	8	..
Taylor.....	19	..	..	7	12	..	1	2	1	5	11	..	11	..	..
Union.....	59	..	..	20	39	..	10	..	..	44	5	..	4	55	..
Volusia.....	127	9	8	35	70	5	4	24	17	47	38	1	55	72	..
Wakulla.....	9	..	..	..	8	1	..	..	..	4	4	1	8	1	..
Walton.....	20	2	..	4	8	6	1	4	5	..	4	..	15	5	..
Washington.....	6	..	..	3	1	2	1	2	..	1	3	..	6	2	13
Federal Prison.....	15	4	..	4	7	..	..	8	..	7	..	..	82	..	..
State Hospital.....	82	..	..	23	59	..	21	10	24	26	1	1	1	4	..
State Prison.....	5	..	..	..	5	..	2	..	1	1	1	..	1	..	..

CANCER CONTROL

L. L. PARKS, M.D., M.P.H.,
Acting Director

Cancer was again the second leading cause of death in the State. There were 5,717 cases of cancer reported during 1953. However, it is known that many cases are not reported since almost all reports are obtained from death certificates, records of persons receiving State aid, or from tumor clinics. Sixty-six per cent of the cases were first reported by means of death certificates.

The services available under the Cancer Control Program at the end of the year were limited to diagnostic procedures and the hospitalization of cases through the seventeen tumor clinics in operation in the State. The demand for assistance in the diagnosis and treatment of cases has increased gradually since the program was started in 1947.

Fees were paid to surgeons, radiologists and anesthetists in the beginning of the program in 1947. Palliative x-ray therapy was paid for as well as some drugs such as testosterone, but with the growth of the program the fees to physicians, the supplying of drugs, and x-ray treatment were curtailed little by little each year. In September 1953 fees to radiologists for x-ray therapy and the fees to anesthetists were discontinued because of lack of funds. The hospital services exceeded the budget and it was necessary to call upon the State Cabinet of Florida for additional funds in order to pay hospital bills. Fifty-two thousand dollars was released by the Cabinet and this grant, and the discontinuation of all physicians' fees, ended the year on a cash basis for this program.

In order for a patient to be eligible for state aid under this program it is necessary that he fill out an application stating his (or her) financial condition and have it signed by the attending physician, and approved by the county health officer or welfare worker as to whether the case is indigent or not. Then the patient is processed through one of the tumor clinics of the State. If the case offers a reasonable hope of recovery the patient may be given assistance if recommended by the tumor clinic director.

Since the State no longer pays for x-ray therapy it has created a problem which has not been solved in some areas. Patients are encouraged to go to tumor clinics early for diagnosis, but if x-ray therapy is indicated it falls back upon the individual to pay for it, or he has to ask for aid from the local welfare board or county commissioners of the community in which he lives. Most of the

radiologists that have been taking part in the cancer program have been very liberal in giving their services. However, there are a few cases for whom x-ray therapy has not been made available as it should.

The standards under which the tumor clinics operate are those of the American College of Surgeons and the Florida Cancer Council. In order for a tumor clinic to obtain financial assistance from either the State Board of Health or the American Cancer Society, Florida Division, certain requirements must be met. These requirements are reviewed annually by the Florida Cancer Council and must have the approval of the County Medical Society. Provisional approval of a new clinic is first given by the Cancer Council if the requirements are met. The American College of Surgeons representative makes inspections about every fifteen months. In October 1953, the American College of Surgeons listed the following diagnostic-treatment clinics as having their approval: Halifax District Hospital, Daytona Beach; Duval Medical Center, Jacksonville; Jackson Memorial Hospital, Miami; St. Francis Hospital, Miami Beach; Orange Memorial Hospital, Orlando; Escambia General Hospital, Pensacola; Tallahassee Memorial Hospital, Tallahassee; Tampa Municipal Hospital, Tampa; and the Tumor Clinic of the Palm Beach Medical Society, West Palm Beach. Diagnostic clinics were approved at the Alachua County Tumor Clinic, Gainesville, and Pinellas County Tumor Clinic, St. Petersburg. The following tumor clinics have the approval of the Florida Cancer Council: Munroe Memorial Hospital, Ocala; St. Vincent's Hospital, Jacksonville; Morrell Memorial Hospital, Lakeland; Manatee County Hospital, Bradenton; Sarasota Tumor Clinic, Sarasota; and Fort Lauderdale Tumor Clinic, Fort Lauderdale. The Bradenton and Sarasota Tumor Clinics were newly established during the year.

Financial assistance in operating the tumor clinics is furnished either by the State Board of Health or the American Cancer Society, Florida Division, or by both agencies, depending upon the size of the clinic. There is a full-time or part-time secretary in each of the tumor clinics, and nurses are made available through the hospitals, health departments or the local Cancer Society.

Biopsy service is made available by pathologists in private practice. The pathologists agreed on January 1, 1951, to make tissue examinations on indigent patients free of charge, providing the attending physician made no charge for his services. If the attending physician charges for the taking of the biopsy then the pathologist expects his fee. This service has continued and seems to be working out very satisfactorily.

Arrangements were made early in the cancer program to pay the hospitals on a cost basis. The hospital is required to submit a detailed cost basis statement. These costs (as submitted by the hospitals that will accept state aid cases) vary from \$8.34 to \$28.94. The Florida Hospital Association has presented the problem of the hospitals losing money on the acceptance of state aid cases inasmuch as the maximum allowance that can be paid hospitals for the acceptance of state aid cases is \$15.00 per day. This includes all services while the patient is in the hospital: x-ray, diagnostic procedures, laboratory procedures, drugs, operating room fees, anesthetic, dressings, room and meals. All the hospitals that have been interested in this service have continued to accept state aid cancer patients with very few exceptions even though they do lose money.

The Florida Cancer Council, which was organized in 1951, continued to function and held two meetings during the year. This Council is made up of two physicians of the Cancer Committee of the State Medical Society, two physicians of the American Cancer Society, Florida Division, two physicians of the State Board of Health, and a physician representing the American College of Surgeons, and has been very helpful as a policy making body. It also has had the responsibility of advising how cancer funds available from the State Board of Health and the American Cancer Society, Florida Division, may be used.

The state-wide three day seminar on cancer was not held for physicians this year. This was the first year this seminar was not held since 1947. The Cross Roads Cancer Seminar was conducted in Live Oak, Apalachicola, Marianna, Shalimar, Ocala, Arcadia, Fort Pierce and Fort Lauderdale. Total attendance at these eight meetings were 127 physicians and 26 others including nurses and hospital technicians. This was the fourth year that the Cross Roads Seminars were conducted. These meetings are only one-half day sessions held in the small cities of the State and are intended to bring newer ideas on cancer services to the physicians in these areas. The Seminars are held in different cities each year. The speakers are usually from one of the medical schools in the Southeast.

The Director of the Cancer Division of the State Board of Health continued as a member of the Executive Committee of the American Cancer Society, Florida Division, and has worked very closely with the Cancer Society in the program of cancer education for the public. He has taken part in the various cancer society meetings that have been held throughout the State.

Certain types of cancer patients have been referred to the Oak Ridge Institute of Nuclear Studies, Oak Ridge, Tennessee, through

arrangements with that institution. The Institute accepted cases of: osteogenic sarcoma, chronic granulocytic leukemia, acute leukemia, polycythemia vera, multiple myeloma, certain thyroid cancers, patients with ascites or pleural effusion due to neoplasms, and certain types of cirrhosis of the liver. The cost at the hospital is borne by the Atomic Energy Commission. The transportation to and from the hospital was provided by the individual patient or in rare instances by the Florida Division of the American Cancer Society. During the year 10 cases were referred to Oak Ridge through this Division.

The many problems that remain unsolved in the cancer program are as follows: Early diagnosis of cancer is still the primary objective of the program and state funds are limited for services to the cases that offer a good prognosis. If the patient's condition is far advanced, no assistance can be given because of limited funds for this program. The care of the terminal cases reverts to the local community or to the individual's family. As stated above, x-ray therapy is not always made available because of lack of facilities in the community; prolonged hospital stay is not permitted under this program because of limited funds, and the financial responsibility often falls upon the hospital or some other agency. The hospital per diem allowance by the State has not been sufficient in some hospitals and where the patient is hospitalized in an adjoining county hospital it creates an administrative problem which has not yet been solved. It is difficult sometimes to turn down the hospitalization of cancer patients, but, at the same time, the administrator of such a program has to live within his budget. However, it is believed that the patients that have been refused state aid have been those cases in which the patient's condition was too far advanced for services available: surgery, x-ray or radium. Calls have been made on the program for some of the later types of treatment, such as mustard gas, hormones, and other drugs, but these services cannot be furnished with the limited funds available for this program.

After a full year of operation under the IBM tabulation system, it was found that a detailed study of the cancer program could be accomplished with greater ease than ever before. A summary of data obtained from the cancer registry is shown in Tables 19-23.

During 1953 a total of 1639 persons were approved for state aid. This is almost the same number as was approved in each of the three preceding years. The number of white and colored persons accepted for state aid remains in about the same proportion as the population of Florida.

Fifty-one per cent of all persons approved for aid in 1952 were diagnosed as having cancer (see Table 19). Preliminary totals for

1953 indicate about 47 per cent with cancer and 19 per cent with diagnosis unknown. Many of the current cases with an unknown diagnosis entered the program late in the year, and a diagnosis will be obtained in the near future. It is noted that the proportion of persons diagnosed as having cancer has decreased from 79 per cent to approximately 50 per cent over a period of six years. We would like to think this is partially due to the education of the public which has motivated them to seek medical advice upon the development of early symptoms.

An examination of the age distribution of those persons diagnosed as having cancer indicates proportionately more colored than white persons in the younger age groups. There are also proportionately more females than males in this group. A summary of this data is as follows:

PERSONS DIAGNOSED AS HAVING CANCER 1947-1953	
<i>Race & Sex</i>	<i>Per cent under 55 yrs. of age</i>
White males	24.6
White females	44.8
Colored males	44.2
Colored females	62.9

Figures concerning cancer according to site (see Table 20) indicate that a comparatively small number of colored persons had skin cancer although the colored males had a higher rate of cancer of the digestive system and genital organs than did the other groups. In females of both races the major sites of cancer were breast and genital organs. White males had a higher ratio of cancer of the skin and buccal cavity than other sites.

A concentrated effort to follow-up all cases on whom money was spent was made during the past year. The results of this are reflected in Table 21. A total of 73 patients who had previously been lost to follow-up were located during the past year. Results to date indicate that 3.5 per cent were lost to follow-up during the first year, and a decreasing percentage lost in each successive year.

A study of those cases entering the state aid program during 1946 and 1947 reveals that 64 cases (42 per cent) of the 153 followed were still living at the end of five years. Of those surviving, 47 are reported to have no indications of cancer; this is about 31 per cent of those cases followed. Nine cases had been lost to follow-up, and 80 cases died, 74 with cancer.

Due to more complete follow-up the survival rates (see Table 22) are slightly lower than they were a year ago. Many of those cases previously lost to follow-up were found to have died. Survival rates of this type are based on the assumption that persons lost to follow-up have the same proportion alive and dead as other persons in the study. Thus, the knowledge that a sizeable number of persons are dead

who were previously classified as lost, would decrease the computed survival rates. Data for the fifth year of follow-up is based on a relatively small number of persons and is therefore subject to greater variation than data for other years.

Survival rates indicate that 52 per cent of the persons followed-up were alive at the end of four years. Data according to site ranges from 14 per cent survivors with digestive cancer to 79 per cent with skin cancer.

TABLE 19
DISTRIBUTION BY DIAGNOSTIC STATUS, RACE AND SEX OF PERSONS APPROVED FOR STATE AID UNDER THE FLORIDA CANCER PROGRAM DURING THE YEARS 1947* - 1953

Race, Sex, and Year	DIAGNOSTIC STATUS									
	Number of Persons					Percentage Distribution				
	Number Approved	Cancer	Pre-Cancerous	Non-Malignant	Unknown	Number Approved	Cancer	Pre-Cancerous	Non-Malignant	Unknown
TOTAL PERSONS..	9,246	5,060	37	3,058	1,091	100.	54.7	0.4	33.1	11.8
1947*	205	163	0	37	5	100.	79.5	.....	18.0	2.4
1948.....	1,350	818	3	405	124	100.	60.6	0.2	30.0	9.2
1949.....	1,059	639	2	324	94	100.	60.3	0.2	30.6	8.9
1950.....	1,682	919	4	597	162	100.	54.6	0.2	35.5	9.6
1951.....	1,634	900	5	558	171	100.	55.1	0.3	34.1	10.5
1952.....	1,677	853	8	598	218	100.	50.9	0.5	35.7	13.0
1953.....	1,639	768	15	539	317	100.	46.9	0.9	32.9	19.3
White Male.....	2,925	1,826	15	737	347	100.	62.4	0.5	25.2	11.9
White Female.....	4,107	2,162	19	1,486	440	100.	52.6	0.5	36.2	10.7
Colored Male.....	667	319	1	241	106	100.	47.8	0.1	36.1	15.9
Colored Female.....	1,547	753	2	594	198	100.	48.7	0.1	38.4	12.8

* 1947 total includes 7 persons approved for State Aid in November and December, 1946.

TABLE 20
DISTRIBUTION ACCORDING TO SITE, RACE AND SEX OF CANCER CASES ADMITTED TO THE FLORIDA STATE AID CANCER PROGRAM DURING THE YEARS 1947* - 1953

SITE	NUMBER OF PERSONS				PERCENTAGE DISTRIBUTION			
	WM	WF	CM	CF	WM	WF	CM	CF
TOTAL.....	1,826	2,162	319	753	100.	100.	100.	100.
Buccal Cavity.....	216	64	36	25	11.8	3.0	11.3	3.3
Digestive System.....	157	125	95	45	8.6	5.8	29.8	6.0
Respiratory System.....	158	42	31	12	8.7	1.9	9.7	1.6
Breast.....	3	317	5	177	0.2	14.7	1.6	23.5
Female Genital.....	0	772	0	411	.....	35.7	.....	54.6
Male Genital.....	59	0	62	0	3.2	.....	19.4	.....
Urinary System.....	70	32	20	15	3.8	1.5	6.3	2.0
Skin.....	1,055	709	26	25	57.8	32.8	8.2	3.3
Other Sites.....	82	76	30	29	4.5	3.5	9.4	3.9
Lymph. and Haem. Tissues.....	26	25	14	14	1.4	1.2	4.4	1.9

* 1947 total includes 6 persons approved for state aid in November and December, 1946.

TABLE 21
NUMBER AND PERCENTAGE OF CANCER CASES UNTRACED AFTER EACH YEAR OF FOLLOW-UP ACCORDING TO CALENDAR YEAR OF ENTRY TO PROGRAM

Calendar Year	Cases Entering Program During Calendar Year	CUMULATIVE CASES UNTRACED AFTER EACH YEAR OF FOLLOW-UP									
		Number					Percentage				
		1st year	2nd year	3rd year	4th year	5th year	1st year	2nd year	3rd year	4th year	5th year
1947*	153	7	9	9	9	9	4.6	5.9	5.9	5.9	5.9
1948.....	748	28	38	49	59	.....	3.7	5.1	6.6	7.9	.....
1949.....	599	18	31	48	.....	.....	3.0	5.2	8.0	.....	.....
1950.....	838	26	43	.....	.....	.....	3.1	5.1	.....	.....	.....
1951.....	815	28	.....	.....	.....	.....	3.4	.....	.....	.....	.....

Based on follow-up experience of 3,153 cancer cases receiving monetary assistance under Florida State Aid Cancer Program, 1947*-1951.

* Includes 5 cases approved for State Aid in November and December, 1946.

TABLE 22
PERCENT OF CANCER PATIENTS SURVIVING AFTER EACH YEAR OF FOLLOW-UP BY SITE

Site	PERCENT SURVIVING AT				
	1 Year	2 Years	3 Years	4 Years	5 Years
TOTAL.....	75	64	57	52	49
Buccal Cavity.....	69	56	49	39	39
Digestive.....	37	25	18	14	*
Respiratory.....	40	27	20	11	11
Breast.....	77	62	53	47	47
Female Genital.....	74	58	51	46	46
Skin.....	94	88	84	79	73
Other Sites.....	58	40	35	32	25

* None followed for five years.

Based on follow-up experience through 1952 of 3,153 cancer cases who entered the Florida State Aid Cancer Program during the period, November 1946 through 1951, and who received monetary assistance.

TABLE 23
NEW PERSONS APPROVED FOR STATE AID, NUMBER OF
PERSONS RECEIVING FINANCIAL AID, AND EXPENDITURES,
BY COUNTY, FLORIDA CANCER PROGRAM, 1952 AND 1953

County	New Persons Approved		Persons Receiving Aid	Total Expenditures	
	1952	1953		1952	1953
STATE TOTAL.....	1677	1639	1713	\$ 157,003.37	\$ 162,825.22
Alachua.....	24	34	30	3,415.30	2,278.65
Baker.....	10	9	11	2,180.60	717.76
Bay.....	38	28	38	2,203.85	3,391.50
Bradford.....	27	14	18	2,024.01	1,699.48
Brevard.....	8	14	6	1,045.11	418.70
Broward.....	39	14	30	3,513.09	4,273.31
Calhoun.....	22	22	22	1,140.74	1,703.75
Charlotte.....	7	3	9	610.90	927.58
Citrus.....	9	3	2	170.00	183.75
Clay.....	20	13	10	2,873.47	674.75
Collier.....	5	8	5	944.50	513.52
Columbia.....	30	22	19	2,441.57	1,846.48
Dade.....	77	36	50	5,023.75	4,208.75
De Soto.....	15	25	20	1,346.28	2,245.72
Dixie.....	9	8	6	186.06	263.99
Duval.....	18	8	17	2,063.13	2,901.31
Escambia.....	96	137	126	8,911.50	11,163.00
Flagler.....	3	4	1	78.75	90.00
Franklin.....	21	23	20	1,708.08	1,686.74
Gadsden.....	34	16	20	2,243.28	1,572.89
Gilchrist.....	9	6	7	935.74	215.00
Glades.....	0	2	3	0.00	22.50
Gulf.....	10	21	14	1,167.67	2,478.20
Hamilton.....	9	9	9	513.61	1,583.40
Hardee.....	16	17	19	861.25	1,094.50
Hendry.....	8	14	3	839.46	323.00
Hernando.....	3	5	1	498.90	18.75
Highlands.....	22	19	19	1,403.08	1,055.70
Hillsborough.....	96	128	171	11,772.31	17,010.78
Holmes.....	37	30	37	3,171.85	2,402.94
Indian River.....	8	12	9	391.90	1,860.12
Jackson.....	44	51	52	3,183.60	3,622.57
Jefferson.....	10	14	14	702.15	1,251.40
Lafayette.....	7	10	6	726.11	916.92
Lake.....	13	20	8	1,925.58	1,784.00
Lee.....	17	15	15	1,712.19	958.98
Leon.....	70	62	56	2,697.10	3,390.84
Levy.....	7	10	7	1,747.77	1,137.44
Liberty.....	10	5	6	884.63	239.60
Madison.....	23	17	23	2,281.90	2,211.47
Manatee.....	15	18	19	2,451.78	2,115.51
Marion.....	8	17	10	1,037.42	1,135.25
Martin.....	21	15	9	1,806.50	648.63
Monroe.....	29	49	31	2,345.25	3,273.00
Nassau.....	19	13	11	2,084.68	653.68
Okaloosa.....	34	29	38	2,860.25	2,856.25
Okeechobee.....	8	4	2	255.79	90.75
Orange.....	30	21	26	5,920.91	5,468.30
Osceola.....	9	1	5	109.65	1,249.95
Palm Beach.....	83	49	69	8,069.47	6,058.55
Pasco.....	36	36	38	4,288.55	4,611.75
Pinellas.....	61	56	56	6,493.25	6,731.90
Polk.....	76	63	95	8,480.58	8,519.50
Putnam.....	24	40	27	2,609.83	4,215.06
St. Johns.....	8	9	11	1,261.93	1,958.37
St. Lucie.....	16	12	12	1,875.95	1,600.19
Santa Rosa.....	22	37	46	2,536.25	3,931.25
Sarasota.....	9	22	27	1,775.80	1,908.40
Seminole.....	14	25	6	1,074.17	1,746.00
Sumter.....	22	14	17	1,171.36	927.14
Suwannee.....	33	44	28	2,216.90	2,013.05
Taylor.....	23	16	21	1,779.61	1,041.87
Union.....	10	10	10	779.23	1,161.60
Volusia.....	44	50	60	6,287.11	5,644.76
Wakulla.....	12	14	15	737.25	787.27
Walton.....	25	23	34	1,398.50	2,870.25
Washington.....	49	40	49	3,283.54	3,267.16

DIVISION OF INDUSTRIAL HYGIENE

JOHN M. McDONALD, M.D., Director

During the year, 354 visits were made to 197 industrial plants. Ninety studies of potential health hazards were made. As a result of these studies, recommendations for control measures were made in 35 plants. Follow-up visits revealed that recommendations had been complied with in 20 plants.

The Industrial Hygiene Laboratory made 987 tests on 832 samples received. Of these, 503 were collected by Division personnel. Physicians and hospitals throughout the State continued to avail themselves of special services of the Division. Their requests, 40 in all, were for tests on biological material and included determinations of lead, mercury, toluene, and cholinesterase activity. A total of 237 samples was received in connection with requests from management, insurance carriers, and industrial physicians.

The long range program of periodic urine lead determinations was extended to cover four additional lead processing plants. In several of the lead storage battery plants, recommendations were carried out resulting in improved working conditions. At the request of management an extensive survey was made to determine the degree of exposure to lead-containing dust in a large ship repair yard. This study necessitated 197 urine lead tests. The laboratory adopted a screening test to reduce the number of urine samples requiring complete analysis in this study and also in the periodic check. In addition to routine industrial hygiene work, the Laboratory performed 168 tests on 109 samples for personnel of the Division of Chemistry. Testing of thermal insecticide dispensers was continued as a cooperative service for the Bureau of Entomology.

Perhaps indicative of a growing public awareness of industrial hygiene were requests from three companies to have this Division examine their building plans for the purpose of detecting potential industrial health hazards. One of these plants was a large nylon yarn factory. Conferences were held at which members of this Division and the Florida Industrial Commission met with company officials. The plans were reviewed and processes involved were discussed. Some months later, Division personnel accompanied the Safety Consultant of the Florida Industrial Commission to the plant site for an inspection of the operating units which were nearing completion at the time.

The spot checking of shoe fitting x-ray machines was continued.

In addition, investigations were made of the operation of an x-ray department in a hospital, a mobile chest x-ray unit, and in a county health department. Assistance was given an architect who was drawing plans for a new county health department building. Changes were made to position and shield the x-ray unit so that its operation would not create a radiation hazard to employees working in the building. Also included in the radiation work was assistance to a local physician in locating two lost radium needles.

Complaints about air pollution continued to be common in 1953. The St. Petersburg City Engineering Department requested advice in designing an enclosure and a scrubbing tower to control dust emission from the municipal asphalt plant. At the request of the Jacksonville City Health Department the Division cooperated in an investigation of atmospheric contamination in the vicinity of two local fertilizer plants. Charges that effluent from a paper mill was damaging automobile finishes were investigated. It was found that the damage was caused by drippings from diseased trees under which the cars had been parked. As a result of community complaints the City of Tampa passed a smoke and dust control ordinance. They then called upon the Division of Industrial Hygiene for assistance in checking conditions at three industrial plants in order to find out what measures had been taken by management of these plants to reduce dust emission. The Division also cooperated with the U. S. Public Health Service and Tampa officials in establishing air sampling stations in that city. The study is part of a national air pollution study.

Several other interesting atmospheric evaluations were made. In an herbarium the concentrations of vapors of paradichlorobenzene were determined both chemically and with the newly acquired halide meter. Three paint spraying operations were investigated on complaints of improper operation. Nuisance conditions allegedly created by emission of smoke from a sawmill were investigated as the result of complaints by nearby residents.

Investigation of requests from two printing plants revealed the presence of potential carbon monoxide hazards. Spot checks were made in several other printing shops and results indicated that a statewide survey of this occupation would be desirable. A beginning was also made on a statewide study of the dry cleaning industry, with special emphasis on the safe use of chlorinated hydro-carbon solvents. A preliminary visit was made to look into the decorticating and processing of ramie fiber grown in the Lake Okeechobee area.

The widespread use of insecticides in groves and truck farms continued to give rise to serious industrial hygiene problems. Para-

thion was the chief cause of compensation claims from insecticides. In cooperation with the Florida Industrial Commission, efforts were made to reduce the incidence of poisoning from this substance. One manufacturer of parathion underwrote part of the cost of operating a laboratory for blood cholinesterase determinations and furnished a team to demonstrate proper methods of spraying parathion. A further extension of the hazards associated with parathion accompanied its use as an agent against chinch bugs in lawns of private residences.

On June 1, 1953, the personnel of the Division was increased by employment of a sanitarian. He has satisfactorily completed the period of probation. Some time has been spent in training him in the laboratory and field techniques applicable to industrial hygiene problems. During a period of increased work in the Division of Chemistry, he performed the detailed analysis of a large number of water samples. He has begun studies in the printing and dry-cleaning industries.

The Division furnished educational services to several groups. Two lectures were given to sanitarians attending in-service training courses. Classroom demonstrations of industrial hygiene techniques and a field trip were also provided. Division activities were described and instruments demonstrated to all State Board of Health employees attending orientation programs. Two public health internes were given a brief but concentrated course which described and demonstrated the functions of this unit. Talks on industrial hygiene activities were presented to a civil engineering society and a group of high school science teachers. The activities of the Bureau of Preventable Diseases were described to a group of under-graduate university students. A lecture and demonstration on the detection of radioactivity was given to the science classes of a local high school. Carbon monoxide poisoning was discussed at a meeting of the Pinellas County Board of Health.

Early in 1953 an extensive chest x-ray program was conducted in Hillsborough County where many of Florida's cigar factories are located. More than a thousand cigar workers were among those x-rayed, thus affording a possibility of obtaining information about the incidence of tuberculosis in this occupation. Some statistics have been assembled but final analysis must await completion of the follow-up on those persons whose chest x-rays indicated the need for rechecking on large films.

Some changes were made in the pollen counting program. New stations were established at Fort Lauderdale and Gainesville. The station at Daytona Beach was discontinued at the end of the year.

Assistance was given to a physician and a local resident who wished to operate their own pollen collecting stations.

As in the past, first aid services were furnished to employees. Professional help was rendered to the program for periodic physical examination of State Board of Health employees. Blood smears from five men exposed to lead hazards were examined for basophilic stippling.

Literature distributed in 1953 totalled 485 pieces. Included in this number were 179 mimeographed bulletins on parathion poisoning, and 29 reprints of the paper describing a rapid test for red cell cholinesterase activity in whole blood. Inquiries about various aspects of climatology required the writing of 92 letters, in many of which humidity tables or pollen statistics were enclosed. Industrial hygiene bulletins of both state and federal origin were left with 42 plant executives to acquaint them with the services provided by this Division.

TABLE 24
STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES

<i>Plant Activities</i>		
Total number of different plants serviced		197
Total number of workers covered by services		19,732
Total number of plant visits made		345
<i>Source of Service</i>		
Self-initiated		228
Requests from management, labor, private physicians, etc.		47
	Total	275
<i>General Type of Service Given</i>		
	No. of Services	
Introductory, promotional	53	
Plant surveys	110	
Technical studies of hazards	90	
Other	39	
Investigation of occupational diseases	26	
Investigation of nuisance complaints	19	
Follow-up on recommendations	30	
Miscellaneous services	5	
Investigation of atmospheric pollution	3	
	Total	375
<i>Recommendations</i>		
	Made	Carried Out
Number of recommendations	78	24
Number of plants involved	35	20
Number of workers affected	489	184
<i>Specific Services</i>		
Samples collected for laboratory analysis or examination		503
Other samples received for laboratory analysis		329
Total		832

Biological	660	Mineral	12
Atmospheric	35	Water	109
Solvent	8	Misc.	8
Number of laboratory analyses and examinations			
Field determinations of atmospheric contaminants			987
Field determinations of physical conditions			87
Occupational diseases reported officially			156
Occupational diseases investigated			1630
<i>Other Activities</i>			
Professional meetings attended	9	Consultations & conferences	13
Lectures or talks given	7	Educational material distributed	485

TABLE 25
OCCUPATIONAL DISEASE CLAIMS — 1953

Conjunctivitis	292	305
Welders	2	
Chemical	11	
Other		52
Infections	24	
Meat	9	
Tuberculosis	2	
Undulant fever	17	
Other		14
Repeated motion, pressure and shock	11	
Bursitis	3	
Tenosynovitis		4
Temperature changes		30
Variations in air pressure		19
Respiratory irritations		2
Carbon monoxide poisoning		45
Parathion poisoning		3
Lead poisoning		1
Cancer		9
Diagnosis indefinite		1146
Dermatitis	112	
Citrus	120	
Alkali	176	
Solvents and oils	149	
Cement	13	
Glue	129	
Other chemicals	111	
Plant	96	
Fungus	3	
Chrome	4	
Other metals	10	
Wood preservatives	137	
Larva migrans	86	
Other		Total — 1630

VETERINARY PUBLIC HEALTH

JAMES E. SCATTERDAY, D.V.M., M.P.H.
Public Health Veterinarian

SAMUEL O. NOLES, B.S.A., M.P.H.
Milk Consultant

Milk. The milk consultation services have continued in the work with all groups concerned in securing for the consumer the highest quality dairy products obtainable. The major activity to promote such a condition has been working with the sanitarians in the counties visited, rendering technical advice and assistance. All dairies and milk plants were inspected in seventeen of the twenty-eight counties in which work was done. Specific recommendations were written out for each dairy and milk plant inspected. This work was conducted in cooperation with the dairy supervisor of the Department of Agriculture in each area. Three milk sheds attained a Public Health Service sanitation compliance rating of above 90 per cent.

There has been a rapid increase in the installation of permanent milk pipe lines and of cold-wall bulk milk tanks. Much time has been spent in this work, consulting with cooperative equipment manufacturers about changes which should be made in both the manufacture and the installation of such equipment.

The major trend in the dairy industry in Florida at the present time is for small distributors to sell their businesses to larger dairy companies and produce milk for them. This is resulting in great expansion of territory from which these large plants receive their milk. Such expansion, in turn, is calling for closer cooperation between regulatory personnel where the dairies are located. The milk consultant has been able to render a definite service in promoting cooperation in the areas affected.

Other definite developments in the dairy industry are: (1) Planting of more permanent pastures and raising of more home-grown feeds; (2) Greater acceptance and use of artificial insemination, resulting in raising higher producing replacements; and (3) Greater use of mastitis control programs of a preventive nature. Expansion of the dairy industry in Florida is resulting in their more nearly supplying all the milk used by the population of the State. Less raw milk is sold directly to consumers, thus reducing the possibility of spread of disease. Milk sanitation personnel are being better trained, thus having a greater understanding of the problems with which they must deal, and this is bringing about a better cooperation between industry and regulatory personnel.

MILK CONSULTANT'S ACTIVITIES IN 1953

Counties worked in	28
Visits to these counties	72
Wholesale dairies inspected	522
Pasteurization plants inspected	97
Ordinances passed by cities	14
County-wide milk law passed	1
Milk sheds rated	3
Dairy plans reviewed (Past. & Wholesale)	23
Sources of milk & frozen desserts approved for Interstate Carriers	21

Meat. Meat inspection in Florida is of two types, that conducted by the U. S. Bureau of Animal Industry, and that conducted by the Florida Livestock Board, whose regulations are patterned after the Federal regulations. However, some meat and meat food products have *no inspection*, unless municipalities or counties have seen fit to protect their people from diseased or unfit meat and meat food products by adoption of local city or county laws. By *no inspection* we mean those products from small slaughterers and meat packers who have been exempt from supervision by a recent State Legislative Act. Some packers or meat processors have elected to retain self-supported meat inspection even though exempt by State law. The housewife should be educated to look for the mark of inspection on her meat purchases (the purple inspection stamp) and not for the grade, as the former is her guarantee of protection.

The Florida State Board of Health has prepared uniform model ordinances on meat inspection and advocates the adoption of them by municipalities and counties.

Tuberculosis. Bovine tuberculosis control in Florida is officially under the Florida Livestock Board. The U. S. Bureau of Animal Industry cooperates with this State agency, both in funds, personnel and administration. The State Board of Health, through its county health units cooperates in the local enforcement of ordinances pertaining to dairies — encouraging owners of family milk cows to have them tested. This is done by news releases, radio broadcasts, and personal contact by county personnel, sanitarians and nurses.

In 1953, 4,175 herds consisting of 118,721 cattle were tested for bovine tuberculosis. Of this number of cattle tested, 69 reactors were found and disposed of, thus removing a source of infection not only to other cattle but also to the consumer of the milk and meat.

Brucellosis. Brucellosis, a disease primarily of animals such as goats, cattle and swine, causes enormous losses of an economic nature in decreased milk secretion and loss in meat through abortions. It has been stated on a national level that a 22% production loss in milk and a 15% reduction in calf crops as a result from brucellosis.

During the year, 89,500 cattle in 8,509 herds were blood tested for brucellosis with 1,843 reactors being found in 595 herds; these reactors were identified and disposed of. In addition, 47,769 cattle and calves were vaccinated to prevent this disease. The bulk of this testing for brucellosis, the removal of the reactors and the immunization of cattle and calves was done by the U. S. Bureau of Animal Industry and the local veterinary practitioners in Florida. The State Livestock Board veterinarians also participated; the vaccine for the immunizations being furnished by this State agency. The State Board of Health, through its county health units, cooperates with local authorities in the enforcement of local milk regulations and in educating the cattle owners and the public as to the dangers of brucellosis.

Brucellosis is the cause of Undulant Fever in humans, either through the ingestion of infected milk or milk products, or by direct contact with the infected animal or its carcass. Ten human cases of this disease were diagnosed and reported in 1953. Again, with the percentage of infection in cattle and swine, it would appear that many more cases (human) are either not diagnosed correctly or are not reported.

Mastitis. Mastitis, an infection of the udder of cattle, may often be the source of infection in septic sore throat, dysentery and staphylococcus poisoning in man. Out of approximately 1,200 dairies in the state, 711 are on an approved mastitis control program. Dairymen under this program are instructed in better milking methods, thereby preventing much of this infection. They are also alerted as to the dangers not only to their consumers, but in the loss of salable milk. Thirteen supervisors under the supervision of a veterinarian employed by the Florida Livestock Board, who are strategically located throughout the state, conducted this mastitis control program. These supervisors work closely with the local health departments with a free exchange of information regarding the health status of dairy herds.

Rabies. Animal rabies, on the increase in Florida, has claimed no human victim this year though 380 human rabies vaccine treatments were dispensed by the State Board of Health. For the first time in history, rabies was diagnosed in free-living insect-eating bats in Florida. Studies were made in 1953 and will continue as to what part these mammals may play in the spread of the disease. One hypothesis, however, can be offered — bats may be the reservoir for rabies in "wildlife." Little is known of the habit and life cycle of these mammals and they present additional problems to an already complex one in wildlife rabies. Much of our rabies in Florida is in wild animals, especially raccoon and fox, and when found in these species cattle rabies increases in proportion. Veterinarians and cattlemen believe that much more rabies occurs in livestock than

is confirmed by laboratory diagnosis. This is not strange as the cattle owners quickly become familiar with symptoms and know that rabies is 100 per cent fatal; consequently no veterinarian is called and no report made.

Good vaccination programs and continuance of stray dog control have done much to control the disease in urban areas, and vaccination against rabies has proven to be highly effective, giving protection far beyond that originally expected both in the degree of immunity and the length of time protected. Rabies is no longer a problem in dogs within cities; however, rural areas are not so fortunate. Municipal ordinances do not extend beyond the city limits and again wildlife rabies may be a reservoir of infection to the unvaccinated country dog.

TABLE 26
TEN YEAR SUMMARY ANIMAL AND HUMAN RABIES
1942 - 1953

Year	Positive Heads	Human Deaths	Humans Treated
1942.....	211	1-Duval	482
1943.....	120	1-Taylor	595
1944.....	171		509
1945.....	209	2-Alachua*
		Duval	
1946.....	213	1-Ecambia	1337
1947.....	394	1-Polk	1434
1948.....	332	1-Hillsborough	1322
1949.....	73		770
1950.....	38		500+
1951.....	14		562
1952.....	21		422
1953.....	64		380

* Data unavailable.

Anthrax in Florida has been apparently brought under control. Quarantine of infected premises, rather than entire areas, is now sufficient. Vaccination with a spore vaccine under rigid supervision of a State Livestock Board veterinarian has apparently proven satisfactory in checking the spread to other animals on the infected premises. During 1953 only seven ranches or dairies were infected in Broward, Palm Beach, Alachua, Dade and Hardee Counties. These infections were confirmed by the State Board of Health Bureau of Laboratories.

Equine encephalomyelitis is still endemic, losses occurring throughout the spring, summer and fall. Annual vaccination of all horses and mules is advocated by the county health units usually prior to the mosquito season. Several health departments in counties which do

TABLE 27
POSITIVE RABIES CASES BY SPECIES AND BY COUNTY—1953

Species	COUNTY																	Total
	Alachua	Brevard	Clay	Escambia	Glades	Hardee	Hernando	Hillborough	Holmes	Jackson	Lake	Leon	Marion	Orange	Osceola	Palm Beach	Pasco	
Dog.....	1	1	1	3	1	1	1	1	1	3	7	1	1	2	1	1	1	24
Raccoon.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10
Fox.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
Cattle.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Cat.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Skunk.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7
Bat.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total.....	1	1	1	3	1	1	2	9	5	15	8	1	2	1	3	1	1	64

not have a resident veterinarian have arranged clinics, brought in a veterinarian, and offered animal vaccination service.

Psittacosis in the expanding bird industry in Florida is creating considerable concern. Several cases of this disease have been diagnosed in humans in other states, and birds originating in Florida have been incriminated as the suspected source of infection. However, only two out of twenty-five specimens examined from two different spots in Florida have been confirmed. No cases of psittacosis have been diagnosed as occurring in man in this State in over ten years. The bird industry has shown much interest in better control measures and has suggested licensing of aviaries and banding as a permanent means of identification; also that a record be kept of all transactions for a period of at least two years.

The Public Health Veterinarian, the Bureau of Laboratories and a trainee (a junior veterinary student from CDC using funds contributed by the Pacific Coast Borax Company), continued the study of *larva migrans*, or creeping eruption. The studies have been concerned with the effectiveness of soil larvacides, their adaption to use around homes, the efficiency of various chemicals as larvacides, and their relation as herbicides.

Veterinary public health laboratory services: A detailed report will be found under the Bureau of Laboratories elsewhere in this volume.

BUREAU OF TUBERCULOSIS CONTROL

C. M. SHARP, M.D., Director

The tuberculosis control program of the State Board of Health received a rather drastic cutback during the fiscal year 1953-1954 when funds for tuberculosis control appropriated by the federal government were reduced 25 per cent. Since its beginning this program has been to a large extent financed by federal funds, and a cut of this character coming at a time when it was impossible to meet with the State Legislature for an appropriation for tuberculosis control made it doubly difficult. (In addition to this reduction in funds, notice was received for the fiscal year beginning July 1954 there will be an additional 58 per cent cut, which will further curtail the activities of the program.)

The picture of tuberculosis as a cause of death has greatly changed. The most phenomenal progress made in any one single year since the establishment of this Bureau is exemplified by the marked change in the mortality rate.

MORTALITY

The figures available from the Bureau of Vital Statistics indicate that the death rate for Florida residents has decreased from 16.7 per 100,000 in 1952 to a provisional figure of 9.8 for 1953. This represents a 41 per cent reduction. The number of people dying of tuberculosis has actually decreased from 501 in 1952 to 306 in 1953.

The most sensational decrease in the tuberculosis death rate occurred in the colored population. There were 251 deaths in 1952, or a death rate of 40.0 per 100,000 as against 133 deaths in 1953, or a death rate of 20.9 which is a decrease of 48 per cent.

The deaths among the white population decreased from 250 in 1952 to 173 in 1953, or a reduction of 31 per cent.

Table 28 shows the trend of tuberculosis mortality since the year 1920. The total mortality rate has decreased about 90 per cent since 1920.

The decrease in the mortality rate in the Negro population merits further discussion since it has decreased so markedly. If the curve of the decrease continues, in 1959 the death rate of the two races should be approximately the same. The mortality rate in 1953 of 20.9 among Negroes is approximately the same as the rate among the white population in 1947.

CASE FINDING

Along with the decrease in the mortality rate, there has also been a decrease in the number of cases of tuberculosis reported. In 1952 there were 2,603 cases reported while in 1953 this figure had decreased to 2,424. This represents a 10 per cent decrease in the morbidity rate as compared to a 41 per cent decrease in the mortality rate. Thus, we see that mortality has decreased much more than the morbidity.

Another factor is that in spite of the attempt to find tuberculosis early, 26.9 per cent of the cases reported in 1953 were in the far advanced stage. White males constituted 45.8 per cent of the cases reported, and white females 24.7 per cent. (See table 29).

One of the factors brought out in detailed analyses as to the age groups has been a fairly accurate demonstration that tuberculosis is definitely shifting to the older age groups. Thirty-four and seven-tenths per cent of all cases reported in 1953 were in the age group 45-64, and 14.6 per cent in the age group over 65, making a total of approximately 50 per cent of all cases reported in the age group over 45.

County health departments, of course, constitute the major source of reporting cases since 70 per cent of all cases were first reported by them.

There has been a definite decrease in the number of cases first reported by death certificate, which has been a persistent trend over the past five or six years. There was a 33 per cent decrease in the number of cases first reported since the previous year. They constituted only three per cent of the total cases reported in 1953.

This year one of the disturbing features about cases first reported by death certificate is that in spite of an attempt by this Bureau to have the State Mental Hospital at Chattahoochee report all cases of tuberculosis in that institution, of the 72 cases first reported by death certificate from the entire state, 13 patients were first reported by death certificate from the State Hospital. It is believed that most of these cases were known to the institution prior to death. More detailed data concerning new cases of tuberculosis will be presented in a supplement to this Annual Report, entitled "Florida Morbidity Statistics - 1953."

CENTRAL TUBERCULOSIS CASE REGISTER

The tuberculosis case register has been maintained as one of the main activities of this Bureau. This register gives vital information as

the extent and location of the disease, current status of follow-up and number of active cases at home.

Table 30 shows a comparison of the case register statistics for the years 1951, 1952 and 1953. There has been an increase in the case load in the register each year, but the case load has become almost fixed since approximately as many cases have been removed from it as have been added.

Of the 11,608 cases in the register 4,024 are considered active cases. Of the active cases 2,115, or 52.6 per cent are in tuberculosis hospitals, which is a marked increase over the 44.2 per cent hospitalized in 1951.

It can be noted from Table 30 that there has been a steady decrease in the number of active, positive sputum cases at home, from 1,031 in 1951 to 865 in 1953. In addition to the active cases, there are those that are considered questionably active, which total 1,150, or 9.9 per cent of the cases in the register; 54.1 per cent are carried as inactive cases, and 0.8 per cent as tuberculosis other than pulmonary.

Table 31 shows an analysis of the cases in the central tuberculosis case register broken down by county.

MASS CHEST X-RAY

The Bureau began the year 1953 with its usual team of four x-ray survey units, but due to curtailment of federal funds at the beginning of the fiscal year 1954 it was necessary to remove one of the x-ray survey units from the road and since July, 1953 only three units have been functioning.

It should be pointed out, however, that during the year the x-ray unit provided to the Escambia County Health Department by the State Board of Health, and the x-ray unit furnished to the Broward County Health Department by the local tuberculosis and health association have been quite active. As a result the number of 70 mm. x-ray films taken in the State totaled 382,304 and was approximately the same for 1952. A total of 4,448 cases of definite and suspicious tuberculosis were brought to light as against 3,611 in 1952. In addition, there were more cases of cardiovascular disease, 1,560 as against 1,087 in 1952. The tumor cases found increased from 150 in 1952 to 170 in 1953, and cases of other pathology increased from 1,137 to 2,704. (See Table 32).

There are those who claim that when a unit returns to a community for x-ray survey less and less tuberculosis is found, but these figures certainly indicate that for the time being, and perhaps for many more

years, x-ray surveys of the general population of Florida are definitely indicated.

A follow-up of disease found (or suspected) by 70 mm. x-rays with large films and clinical study of 2,762 of the 4,448 definite and suspicious cases (or 62 per cent) revealed 497 new cases of tuberculosis, 434 old cases and 206 which were still considered as suspicious of tuberculosis.

A special study sample was done on 148,240 films taken by the four survey units of the State Board of Health which shows 1,344 cases of definite and suspicious tuberculosis. Seventy-five and two-tenths per cent of these were followed-up and 187 new cases of tuberculosis were brought to light and 142 old cases were uncovered. A breakdown of the new cases according to the stage of the disease shows that 76 were minimal, 87 moderately advanced and only 12 were far advanced cases. Forty-nine of these new cases were definitely active and 79 showed undetermined activity. As a result of these findings 67 cases were recommended for hospitalization.

From the above mentioned data the unadjusted new case rate was 126.1 per 100,000 persons surveyed. When an adjustment is made for race and sex distribution, and incomplete follow-up of persons surveyed, the estimated new case rate for Florida is 211.1 per 100,000 persons aged 15 years and over.

An estimate of the number of undetected cases of tuberculosis in the State of Florida is 4,856.

Further analysis of the survey data confirms the anticipated high new case rate among persons in the older age groups as compared with case rates in younger persons. For example, the new case rate for persons 65 years of age and over was 361.4 compared with a rate of 25.9 per 100,000 for persons aged 15-24. This points up to the desirability of surveying larger numbers of older people than has been the case this year and in the past. In 1953, 40 per cent of the population aged 15-24 were x-rayed, whereas only 16 per cent aged 65 and over were x-rayed.

CONSULTATION X-RAY SERVICE

The consultation service has been carried on in more of the larger counties in the State where x-ray equipment is provided and consultation service is available. In addition the smaller counties have been provided with routine 14" x 17" x-ray examinations for the follow-up of their known cases, contacts and suspects as well as for the follow-up of cases of tuberculosis found in the mass x-ray surveys.

In Table 33 it will be noted that 15,747 large film chest x-rays were interpreted by this Bureau, which is a slight decrease from 1952. The amount of significant pathology shows that 933 were minimal, 1323 were moderately advanced, 188 far advanced, 470 stage unknown, and 86 were considered active primary. In addition there were 512 cases still considered suspicious of tuberculosis and 847 other pathology as well as 484 with a reserved diagnosis, which indicates that about one-third of all 14" x 17" x-ray films interpreted showed evidence of pulmonary pathology. Table 33 also shows a breakdown by facility submitting film, reason for taking the film, race, sex as well as the age group.

Table 34 shows a breakdown of the clinic and consultation 14" x 17" x-rays showing tuberculosis pathology according to stage of the disease and activity. Of the 3,000 cases showing pathology, 447 films interpreted were considered active, 156 questionably active, 444 had activity undetermined, 48 were arrested, and 1905 were inactive. Of these 3,000 x-ray examinations, hospitalization was recommended on 357 cases and further clinical study was recommended for 2,426 cases, many of which ultimately ended in the hospital as a result of these clinical studies.

TUBERCULOSIS CONSULTATION CLINICS

Except for several of the larger counties where their own clinician was present, the consultation clinics were discontinued due to curtailment of funds. We hope that through the state tuberculosis hospitals, local out-patient departments can be started this year so that better follow-up facilities can be available to the population of the State.

ACTIVITIES IN LOCAL HEALTH DEPARTMENTS

The monthly activity report from the Bureau of Local Health Service indicates that tuberculosis control activities continue to be one of the principal functions of local health departments. (See Table 14 elsewhere in this volume).

HOSPITALS

Although there has been great difficulty in obtaining medical and nursing personnel for the full operation of Florida's tuberculosis hospitals, they are all now functioning in most instances to full capacity.

A great deal of the credit for the marked decrease in the death rate from tuberculosis during 1953 can be directly attributed to the drug and surgical therapy available to Florida citizens through the state tuberculosis hospitals.

TABLE 28
DEATHS FROM TUBERCULOSIS (ALL FORMS) AND DEATH
RATES PER 100,000 POPULATION, BY COLOR,
FLORIDA, SELECTED YEARS

YEAR	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1953*	306	9.8	173	7.0	133	20.9
1952	501	16.7	250	10.5	251	40.0
1951	518	17.9	279	12.2	239	38.7
1950	522	18.7	254	11.6	268	44.1
1945	708	31.1	339	19.7	369	66.2
1940	973	50.8	375	26.8	598	115.6
1935	908	56.0	395	34.3	513	109.4
1930	1,015	68.6	432	41.3	583	134.0
1925	999	80.8	426	50.0	573	148.7
1920	1,016	102.3	423	64.3	593	176.8

NOTE: Deaths and rates for 1930, 1925, and 1920 are recorded, other years are resident.

* Provisional figures.

TABLE 29
NUMBER AND PERCENTAGE OF REPORTED TUBERCULOSIS
CASES BY STAGE OF DISEASE, RACE AND SEX, AGE, AND
SOURCE OF REPORT, FLORIDA, 1952 AND 1953

Stage of Disease, Race and Sex, Age, and Source of Report	1952		1953	
	Cases	Percent	Cases	Percent
TOTAL CASES	2,603	100.0	2,424	100.0
Stage of Disease				
Primary	29	1.0	22	.9
Minimal	615	29.8	533	22.0
Moderately Advanced	977	35.6	894	36.9
Far Advanced	701	23.3	653	26.9
Non-Pulmonary	58	1.7	68	2.8
Unknown	223	8.6	254	10.5
Race and Sex				
White Male	1,231	47.3	1,111	45.8
White Female	672	25.8	598	24.7
Colored Male	438	16.8	420	17.3
Colored Female	256	9.9	267	11.0
Unknown	6	.2	28	1.2
Age (in years)				
Under 5	32	1.2	37	1.5
5-14	31	1.2	17	.7
15-24	195	7.5	182	7.5
25-44	1,013	38.9	912	37.6
45-64	908	34.9	842	34.8
65+	357	13.7	354	14.6
Unknown	67	2.6	80	3.3
Source of Report				
Health Department	1,887	72.5	1,698	70.1
Sanatoria	203	7.8	226	9.3
Private Physician	42	1.6	27	1.1
General Hospital	21	.8	13	.5
Out-of-State Report	138	5.3	164	6.8
Death Certificate	108	4.2	72	3.0
V.A. Hospital	180	6.9	167	6.9
Florida State Prison	24	.9	23	.9
Florida State Hospital	0	.0	33	1.4
U.S. Recruiting Station	0	.0	1	.0

TABLE 30
COMPARISON OF TUBERCULOSIS CASE REGISTRATION
STATISTICS, FLORIDA, 1951-1953

Tuberculosis Cases by Activity, Location, and Sputum Status	Number of Cases			Percent Distribution		
	1951	1952	1953	1951	1952	1953
TOTAL CASES IN REGISTER	11,037	11,172	11,608	100.0	100.0	100.0
Active Pulmonary Tuberculosis	3,941	3,976	4,024	35.7	35.6	34.7
Questionably Active Pulmonary Tuberculosis	1,338	1,253	1,150	12.1	11.2	9.9
Inactive Pulmonary Tuberculosis	5,684	5,846	6,281	51.5	52.3	54.1
Primary Active Pulmonary Tuberculosis			63			0.3
Non-Pulmonary Tuberculosis	74	97	90	0.7	0.9	0.8
ACTIVE PULMONARY TUBERCULOSIS	3,941	3,976	4,024	100.0	100.0	100.0
Hospitalized	1,741	2,038	2,115	44.2	51.3	52.6
At Home	2,200	1,938	1,909	55.8	48.7	47.4
ACTIVE PULMONARY CASES AT HOME	2,200	1,938	1,909	100.0	100.0	100.0
Positive Sputum	1,031	987	865	46.9	50.9	45.3
Negative Sputum	612	608	781	27.8	31.4	40.9
Undetermined Sputum	557	343	263	25.3	17.7	13.8

TABLE 34
CLINIC AND CONSULTATION (14" x 17") CHEST X-RAYS
WITH TBC PATHOLOGY SHOWING STAGE OF DISEASE BY
ACTIVITY, FLORIDA, 1953

ACTIVITY	STAGE OF DISEASE					
	Total	Minimal	Moderately Advanced	Far Advanced	Unknown	Primary
TOTAL	3,000	933	1,323	188	470	86
Active	447	29	251	143	9	15
Questionably Active	156	32	112	5	6	1
Activity Undetermined	444	122	249	14	51	8
Arrested	48	8	9	1	30	
Inactive	1,905	742	702	25	374	62

TABLE 31
ANALYSIS OF CASES IN THE CENTRAL TUBERCULOSIS
CASE REGISTER

Counties	Total Cases	Pulmonary Tuberculosis					Non-Pulmonary Tuberculosis	Active Cases				Home Patients Current in Examination Status	
		Active	Question- ably Active	Inactive	Primary Active	In Hospital		At Home by Sputum Status			Number	Percent	
								Positive	Negative	Un- deter- mined			
Alachua.....	347	54	24	267	1	1	32	6	12	4	90	29	
Baker.....	27	10	2	15	0	0	5	3	2	0	4	18	
Bay.....	147	48	13	85	1	0	31	7	8	2	91	78	
Bradford.....	35	12	6	17	0	0	6	2	4	0	9	31	
Brevard.....	84	28	10	43	3	0	16	3	7	2	45	66	
Broward.....	303	115	28	150	9	1	69	17	27	2	103	46	
Calhoun.....	34	8	4	22	0	0	3	0	4	1	14	46	
Charlotte.....	14	2	1	11	0	0	0	1	1	0	6	43	
Citrus.....	25	6	7	12	0	0	1	2	1	2	10	42	
Clay.....	31	12	8	10	0	1	8	0	1	3	7	32	
Collier.....	30	17	3	10	0	0	12	1	3	1	7	39	
Columbia.....	75	32	2	38	0	3	17	7	7	1	20	36	
Dade.....	1,725	722	109	877	7	10	444	147	121	10	779	61	
De Soto.....	21	5	2	14	0	0	3	1	1	0	9	50	
Dixie.....	16	8	1	7	0	0	5	1	1	1	6	55	
Duval.....	377	129	44	196	4	4	59	35	32	3	116	37	
Escambia.....	524	224	17	279	2	2	112	48	40	24	118	29	
Flagler.....	11	5	0	6	0	0	3	1	0	1	5	63	
Franklin.....	15	11	0	4	0	0	5	1	5	0	5	50	
Gadsden.....	107	42	13	51	0	1	20	5	16	1	24	28	
Gilchrist.....	14	6	1	7	0	0	2	1	2	1	5	42	
Glades.....	11	2	2	7	0	0	0	1	1	0	6	55	
Gulf.....	37	18	3	16	0	0	8	5	2	3	13	45	
Hamilton.....	37	19	1	17	0	0	10	3	3	3	9	33	
Hardee.....	27	7	7	13	0	0	4	2	1	0	8	35	
Hendry.....	23	9	6	8	0	0	2	3	2	2	6	43	
Hernando.....	20	8	2	10	0	0	5	2	1	0	6	40	
Highlands.....	55	17	10	27	0	1	10	4	1	2	24	55	
Hillsborough.....	1,648	483	142	1019	2	2	196	169	59	59	357	25	
Holmes.....	27	11	4	11	1	0	2	2	6	1	8	32	
Indian River.....	46	14	5	26	1	0	7	3	3	1	15	38	
Jackson.....	125	41	13	67	1	3	28	3	8	2	42	45	
Jefferson.....	30	11	5	14	0	0	4	4	3	0	8	31	
Lafayette.....	10	1	5	4	0	0	1	0	0	0	1	11	
Lake.....	140	44	22	74	0	0	18	13	9	4	51	42	
Lee.....	69	30	7	32	0	0	17	2	10	1	23	44	
Leon.....	179	53	17	105	1	3	34	12	2	5	62	44	
Levy.....	31	11	4	15	0	1	9	1	1	0	8	38	
Liberty.....	12	2	4	6	0	0	1	0	1	0	5	45	
Madison.....	58	26	7	23	1	1	21	0	4	1	10	28	
Manatee.....	128	30	23	73	0	2	15	2	6	7	55	50	
Marion.....	166	59	18	85	2	2	31	10	14	4	76	57	
Martin.....	46	23	5	18	0	0	9	3	8	3	12	32	
Mproue.....	100	47	14	38	0	1	18	12	10	7	12	14	
Nassau.....	57	16	5	33	2	1	6	2	6	2	18	36	
Okaloosa.....	60	25	6	28	1	0	11	2	8	4	14	28	
Okeechobee.....	10	4	2	4	0	0	1	0	3	0	3	33	
Orange.....	557	196	50	302	3	6	71	47	60	18	166	34	
Osceola.....	47	15	9	22	0	1	7	5	3	0	21	54	
Palm Beach.....	565	197	86	271	6	5	100	31	48	18	170	37	
Pasco.....	72	31	9	31	0	1	11	7	12	1	14	25	
Pinellas.....	746	210	98	429	4	5	100	67	35	8	379	59	
Polk.....	537	154	62	317	3	1	85	21	32	16	193	43	
Putnam.....	96	38	15	42	1	0	24	4	8	2	36	50	
St. Johns.....	86	22	11	52	1	0	13	2	4	3	41	56	
St. Lucie.....	60	18	5	35	0	2	12	2	3	1	23	50	
Santa Rosa.....	42	18	4	20	0	0	9	5	4	0	10	30	
Sarasota.....	126	27	23	76	0	0	10	6	9	2	45	39	
Seminole.....	115	34	13	66	0	2	10	8	11	5	38	37	
Sumter.....	27	6	6	15	0	0	2	1	3	0	16	64	
Suwannee.....	44	15	11	18	0	0	4	5	5	1	16	40	
Taylor.....	48	20	6	27	0	1	6	2	6	0	12	29	
Union.....	17	7	3	7	0	0	6	1	0	0	3	27	
Volusia.....	231	59	20	147	3	2	28	17	10	4	87	43	
Wakulla.....	17	5	3	9	0	0	4	0	0	1	6	46	
Walton.....	31	13	3	14	0	1	10	2	1	0	9	45	
Washington.....	35	10	9	16	0	0	5	0	3	2	11	37	
Jacksonville.....	892	392	59	415	3	23	277	60	47	8	311	53	
Florida State Hospital No. 2.....	16	3	5	8	0	0	0	3	0	0	11	69	
Florida State Prison.....	87	33	6	48	0	0	0	20	10	3	46	53	
Totals.....	11,608	4024	1150	6281	63	90	2115	865	781	263	3997	43	

TABLE 32
RESULTS OF 70mm X-RAY SCREENINGS AND 14" x 17" FOLLOW-UP FILMS ACCORDING TO RACE AND SEX, AGE, AND COUNTY, FLORIDA, 1953

Race and Sex, Age, and County	70mm X-RAYS										14-in. x 17-in. X-RAY FOLLOW-UP FILMS														
	FILM IMPRESSION					FINDINGS					NEW CASES FOUND					Hospitalization Recommended									
	Total Films (a)	Percent of Population (b)	Tuberculosis	Cardiovascular	Tumor	Other Pathology	Negative	Total Films	Percent Follow-up	New Cases	Old Cases	Suspected Tuberculosis	Calcification	Other Pathology	Diagnosed	Reserved	Negative	By Stage			By Activity			New Case Rate (c)	
																		Far Advanced	Moderately Advanced	Un-known	Active	Undeveloped			
GRAND TOTAL.....	382,304	4,448	1,560	170	2,704	373,422	2,762	62.1	497	434	206	106	437	224	858	130.0	191

DATA TABULATED BY STATE BOARD OF HEALTH																								
SUB TOTAL.....																								
RACE AND SEX																								
White Male.....																								
White Female.....																								
Colored Male.....																								
Colored Female.....																								
Unknown.....																								
AGE																								
15-24.....																								
25-34.....																								
35-44.....																								
45-54.....																								
55-64.....																								
65 and over.....																								
Unknown.....																								
COUNTY																								
University of Florida (Alachua)																								
Bay.....																								
Brevard.....																								
Broward.....																								
Charlotte.....																								
Collier.....																								
De Soto.....																								
Dixie.....																								
Escambia.....																								
Flagler.....																								
Gadsden.....																								
Hendry.....																								
Hendry.....																								

TABLE 32—Continued
RESULTS OF 70mm X-RAY SCREENINGS AND 14" x 17" FOLLOW-UP FILMS ACCORDING TO RACE AND SEX, AGE, AND COUNTY, FLORIDA, 1953

Race and Sex, Age, and County	70mm X-RAYS										14-in. x 17-in. X-RAY FOLLOW-UP FILMS														
	FILM IMPRESSION					FINDINGS					NEW CASES FOUND														
	Total Films (a)	Percent of Population (b)	TUBERCULOSIS				Total Films	Percent Follow-up	TUBERCULOSIS					By Stage		By Activity		New Case Rate (c)	Hospitalization Recommended						
			Definite or Suspected	Cardiovascular	Tumor	Other Pathology			Negative	Old Cases	Suspected Tuberculosis	Calcification	Other Pathology	Diagnosis Reserved	Negative	Min-Moderately Advanced	Far Advanced			Un-known	Active	Inactive	Undetermined		
Holmes.....	1,140	12.8	8	2	0	29	1,121	450.0	1	0	0	0	0	3	0	1	0	0	0	0	0	0	87.7	0	
Jackson.....	4,277	18.9	58	19	1	29	4,170	1424.1	2	0	0	0	0	1	0	1	1	0	0	0	0	0	0	46.8	0
Jefferson.....	1,530	22.6	9	4	1	6	1,510	555.6	2	0	0	0	0	1	0	2	1	1	0	0	0	0	0	130.7	0
Lafayette.....	800	35.9	7	3	0	10	780	571.4	1	1	0	0	0	0	0	2	0	0	0	0	0	0	0	125.0	0
Lake.....	8,863	29.1	93	56	2	48	8,664	7752.8	21	8	6	17	6	0	19	6	10	11	0	0	0	0	0	236.9	0
Florida A. & M. (Leon).....	5,020	99.6	35	9	0	0	4,973	3085.7	6	2	3	0	6	0	6	1	2	3	1	1	0	0	0	119.4	0
Florida State University (Leon).....	5,512	99.9	28	2	0	0	5,482	2589.3	1	7	1	1	3	1	1	0	1	0	0	0	0	0	0	18.1	0
Manatee.....	9,071	30.4	128	49	5	81	8,808	10985.2	29	17	6	0	26	8	23	14	10	1	0	0	0	0	0	319.7	0
Marion.....	9,467	33.3	109	70	8	74	9,296	9789.0	14	7	11	0	17	9	38	8	1	0	0	0	0	0	0	147.9	0
Ocala.....	1,150	0.7	1	3	0	3	1,152	1100.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Osceola.....	1,656	17.7	26	22	0	11	1,587	2180.8	0	7	2	0	1	7	1	0	0	0	0	0	0	0	0	100.0	0
Santa Rosa.....	2,001	15.4	18	3	1	13	1,966	950.0	2	0	0	1	1	1	0	0	0	0	0	0	0	0	0	194.6	0
Sarasota.....	10,279	37.7	112	68	12	89	9,998	7970.0	20	12	4	1	15	8	19	7	6	0	0	0	0	0	14	102.0	0
Seminole.....	4,901	24.0	48	20	3	23	4,807	3266.7	5	8	0	0	3	0	11	3	2	0	0	0	0	0	2	102.0	0
Suwannee.....	3,065	27.9	22	7	1	11	3,054	1881.8	6	0	0	0	1	8	2	1	3	0	0	0	0	0	1	193.9	0
Walton.....	1,168	11.5	21	6	0	12	1,129	1990.3	3	0	3	0	0	1	0	0	2	1	0	0	0	0	0	266.8	0
Washington.....	1,352	17.7	15	9	0	10	1,348	1493.3	0	1	3	1	4	0	8	0	0	0	0	0	0	0	0	0.0	0

DATA TABULATED BY OTHER HEALTH UNITS

	SUB TOTAL	3,104	903	104	1,738	228,155	1,761	58.1	310	292	124	87	246	145	547	.....	.....	.....	.....	132.4
Broward Health Dept.....	8,954	79	29	5	54	8,787	59	74.7	17	5	3	.....	3	28	.....	.....	.....	.....	.....	189.9
Calhoun Survey.....	918	13	0	0	0	895	322	90.2	59	23	9	45	69	41	76	.....	.....	.....	.....	451.6
Dade Health Dept.....	13,066	357	148	21	250	12,459	186	78.2	39	15	11	24	38	21	38	.....	.....	.....	.....	92.2
Dade Tuberculosis Assn.....	42,294	238	115	2	211	41,676	64	81.0	11	1	5	0	2	8	37	.....	.....	.....	.....	122.7
Duval Medical Center.....	5,334	107	30	2	54	5,057	266	38.5	40	14	3	2	26	3	9	.....	.....	.....	.....	115.1
Escambia Health Dept.....	8,966	79	30	2	54	8,801	254	49.9	76	53	47	4	26	4	44	.....	.....	.....	.....	170.4
State Hospital (Gadsden).....	6,710	88	23	5	56	6,538	257	94.8	7	13	0	4	20	38	175	.....	.....	.....	.....	43.1
State Hospital (Hendry).....	34,742	691	143	21	241	33,646	284	49.9	76	53	47	4	26	4	44	.....	.....	.....	.....	221.9
Hillsborough Survey.....	44,000	21.7	509	137	24	44,688	257	94.8	7	13	0	4	20	38	175	.....	.....	.....	.....	10.8
Hillsborough State Fair.....	7,963	95	41	6	29	7,792	54	87.1	16	3	0	1	12	8	14	.....	.....	.....	.....	17.4
Orange Health Dept.....	16,260	271	114	6	127	15,742	198	82.1	20	32	0	2	35	0	100	.....	.....	.....	.....	231.9
Palm Beach Health Dept.....	7,269	62	23	2	57	7,065	91	46.4	25	4	6	5	15	2	34	.....	.....	.....	.....	5.5
Pinellas Health Dept.....	13,170	319	54	0	198	12,599	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Polk Health Dept.....	23,878	196	100	10	162	23,410	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

(a) Excludes unsatisfactory films. Distribution by age, race, and sex based on 10% sample of films.
(b) Based on estimated 1953 population 15 years and over in counties surveyed.
(c) Rate per 100,000 satisfactory 70mm films.

TABLE 33
FINDINGS OF CLINIC AND CONSULTATION (14" x 17") CHEST X-RAYS INTERPRETED IN 1953 BY SUBMITTING FACILITY, REASON FOR TAKING, RACE & SEX, AND AGE, FLORIDA

Submitting Facility, Reason for Taking, Race and Sex, and Age	TUBERCULAR PATHOLOGY BY STAGE										Non-Tubercular Pathology				UNKNOWN	
	Total Films	Negative	Total	Minimal	Moderately Advanced	Far Advanced	Stage Unknown	Primary	Suspected Tuberculosis	Non-Tubercular Pathology	Calcifications	Other Pathology	Diagnosis Re-served	Film Unsatisfactory		
TOTAL.....	15,747	10,243	3,000	933	1,323	188	470	86	512	321	847	484	340	.....	.....	.....
FACILITY SUBMITTING FILM	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diagnostic X-ray Clinic.....	3,865	2,252	953	273	439	50	176	15	146	95	234	134	51	.....	.....	.....
County Health Dept.....	9,455	6,038	1,849	603	786	105	286	68	310	188	503	297	270	.....	.....	.....
Private Physician.....	174	70	37	13	11	1	2	1	14	8	23	16	6	.....	.....	.....
General Hospital.....	26	12	13	5	4	1	2	1	28	18	51	28	1	.....	.....	.....
Railroad Prison.....	1,790	1,542	122	29	69	20	4	.....	6	.....	4	5	9	.....	.....	.....
Florida Farm Colony.....	125	95	6	2	3	.....	.....	.....	7	.....	25	1	3	.....	.....	.....
Other.....	302	234	20	8	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
REASON FOR TAKING	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mass Survey Follow-up.....	1,099	422	221	92	108	7	14	.....	96	81	191	71	17	.....	.....	.....
Known Case Follow-up.....	2,731	1,08	2,375	723	1,042	113	441	44	41	57	24	78	48	.....	.....	.....
Suspect Follow-up.....	952	474	116	27	42	15	4	8	104	43	106	93	16	.....	.....	.....
Contact of Case.....	4,096	3,642	92	21	31	8	3	29	94	26	116	38	88	.....	.....	.....
Possible Source Case.....	57	50	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
School Employee.....	253	222	13	9	3	.....	.....	.....	11	3	3	1	24	.....	.....	.....
Food Handler, etc.....	1,242	1,152	2	1	.....	.....	.....	.....	3	10	19	11	26	.....	.....	.....
Pre-Natal.....	67	59	2	.....	.....	.....	.....	.....	1	1	2	1	.....	.....	.....	.....
Pre-Induction.....	98	95	.....	.....	.....	.....	.....	.....	1	3	8	1	.....	.....	.....	.....
Medical Personnel.....	162	144	.....	40	1	.....	.....	.....	162	97	376	189	112	.....	.....	.....
Other.....	4,990	3,875	179	.....	84	45	6	.....	.....	.....	.....	.....	.....	.....	.....	.....
RACE AND SEX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
White Male.....	5,983	3,602	1,327	405	637	81	183	21	205	144	370	203	132	.....	.....	.....
White Female.....	5,563	3,842	931	353	367	28	167	16	156	133	242	144	115	.....	.....	.....
Colored Male.....	2,169	1,375	430	97	202	55	48	28	85	29	128	84	38	.....	.....	.....
Colored Female.....	1,976	1,389	302	75	111	24	71	21	64	14	103	49	55	.....	.....	.....
Unknown.....	56	35	10	3	6	.....	.....	.....	2	.....	4	.....	.....	.....	.....	.....
AGE IN YEARS	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Under 5.....	212	139	27	1	1	.....	.....	.....	13	1	4	3	25	.....	.....	.....
5-14.....	1,391	1,162	71	12	3	.....	.....	.....	48	12	36	21	41	.....	.....	.....
15-24.....	2,403	2,063	146	51	46	.....	.....	.....	53	24	53	33	31	.....	.....	.....
25-44.....	6,041	4,244	1,102	350	415	70	264	3	161	89	204	147	94	.....	.....	.....
45-64.....	4,069	2,052	1,187	374	590	65	157	1	140	119	302	167	102	.....	.....	.....
65+.....	1,465	465	452	142	260	32	18	.....	92	73	14	106	43	.....	.....	.....
Unknown.....	1,166	118	15	3	8	.....	.....	.....	5	3	.....	7	4	.....	.....	.....

* Includes pleurisy with effusion.

DIVISION OF HEART DISEASE CONTROL**SIMON D. DOFF, M.D., M.P.H., Director**

The Heart Disease Control Program, during the calendar year of 1953, was successful in initiating additional features of the program plan as set forth in the previous year while continuing those phases of the program which were already in motion. This was in spite of a 25 per cent reduction in the operating funds of this Division for the fiscal year 1953-54.

The year of 1953 was noteworthy in the greater cooperation between the Florida Heart Association and its chapters with the State Board of Health in the interest of cardiovascular disease control.

Diseases of the cardiovascular system including vascular lesions of the central nervous system accounted for 14,877 deaths in 1953. Detailed statistical analysis of mortality data is to be found in the report of the Director of the Bureau of Vital Statistics, and in the supplements to the Annual Report.

EDUCATION

The Divisions of Public Health Nursing, Nutrition and Diabetes Control, and Heart Disease Control of the Florida State Board of Health; the Florida Heart Association and the Florida State Nurses' Association, co-sponsored a series of cardiovascular disease institutes for nurses, presented as a two-day course of lectures and demonstrations held in Pensacola, Tallahassee, Miami, Tampa, Jacksonville, West Palm Beach, Orlando and St. Petersburg. The total attendance was 1,000 nurses of whom a small number came from Georgia and Alabama. The authority on Nursing Aspects of Cardiovascular Disease was Miss Jane Wilcox of the Division of Chronic Diseases and Tuberculosis Control, United States Public Health Service. The medical faculty was selected from among the physicians in each community where the institute was held.

In the current year, planning was completed for the Third Biennial Seminar on Cardiovascular Disease for physicians. This will be presented in Miami Beach on April 29, 30, and May 1, 1954, as a joint educational activity of the Florida State Board of Health, the Florida Heart Association and the Heart Association of Greater Miami.

CASE FINDING

A larger number of persons suspected of having heart disease detected on 70 mm. photofluorograms taken by the Bureau of Tuberculosis Control have been reported. These figures are found in Table 32 of the report of the Bureau of Tuberculosis Control.

The findings of x-ray examination of students at the Florida State School for the Deaf and the Blind in St. Augustine are of particular interest because they disclosed an unusually high prevalence of abnormal hearts. A follow-up program was established through the interest of Mr. John M. Wallace, President, and George C. Hopkins, M.D., physician for the school. Clinical appraisal of all the children was carried out. Several were found to have operable congenital heart disease, and two of these have already been operated upon successfully by Florida surgeons and are back in school. An upright fluoroscope has been made available to the school by the Florida State Board of Health to assist in the clinical evaluation of students enrolling there.

RESEARCH

A study of the incidence of the streptococcal carrier state and occurrence of streptococcal disease among school children in Miami has been continued. A significant number of disease producing streptococci were isolated from the throats of children in the study and disclosed a high percentage of Group A, beta hemolytic strep. The Communicable Disease Center Laboratory in Atlanta, Georgia, typed the organisms. This research will be continued through June, 1954. Application has been made for a research grant which would permit an increase in the size and scope of the project.

COMMUNITY SERVICE

Our activities calculated to encourage the development of outpatient clinic facilities for indigent persons with cardiovascular disease have met with satisfactory response in several counties. The plan of organization adopted for these clinics includes the active participation of the county health department and its personnel in helping physicians to provide improved medical care to this low income group of sick people. The opportunities for the development of an extensive and practical educational program among persons with cardiovascular disease in coordination with the activities of outpatient clinics offers a splendid future for the expansion of health department activities at all levels of prevention.

While accurate figures are not available, there is an increase in the number of children who are discovered to have congenital heart disease which might be benefited by surgery.

BUREAU OF LABORATORIES**ALBERT V. HARDY, M.D., Dr.P.H., Director****ORGANIZATION AND PERSONNEL**

The West Palm Beach Regional Laboratory, organized in late 1952, has developed rapidly and satisfactorily during the current year. As of July 1, the personnel previously employed by the City of West Palm Beach, were transferred to the Bureau of Laboratories and the City terminated its public health laboratory activities. The cooperative arrangement with the Southeastern Tuberculosis Hospital has continued to operate smoothly and has proved highly satisfactory both to the Board of Health and the State Tuberculosis Board.

The Miami Regional Laboratory has long outgrown its confined space in the County Court House. Efforts during the year by County Officials and ourselves have failed to provide a satisfactory solution to the problem. A laboratory building program for Miami appears essential. Plans are being formulated in anticipation of an appropriate request to the State Legislature for special funds for this project. In Tallahassee consideration has been given to transferring the Regional Laboratory from the University quarters to space in the W. T. Edwards' Tuberculosis Hospital. This move could be made at limited cost and would have substantial advantages. Plans for this, now in a tentative stage, may become a reality in 1954. There have been no acute space problems in the other regional laboratories. In Jacksonville, with construction of new quarters under way, the chronic congestion in that laboratory has been more tolerable.

The major problem in the Bureau of Laboratories during this year, has been the limitation in personnel. Attempts to limit the number of specimens submitted had a minor effect only. Despite a reduction of seven workers in the laboratory staff at the beginning of the fiscal year, the volume of work was reduced only slightly. An unfairly heavy load of work has had to be carried by many staff members. However, the most serious aspect of this reduction has been the elimination of the training of technical and professional workers to meet anticipated needs. It requires at least one year to prepare workers in this field to carry substantial responsibility. Vacancies will occur in future months, but as of the present we have no one available or being trained for these assignments. The seriousness of the present reduction in personnel will be painfully evident in future months when untrained workers will be the only replacements available for experienced employees leaving our service.

The program for advanced training leading to a Doctorate Degree

in Bacteriology for selected senior workers has moved forward satisfactorily. Mr. Nathan Schneider is in his second year at the School of Public Health of the University of Pittsburgh and is expected to complete his graduate study in 1954. He will then be available to assume duties of Assistant Director of the Bureau. Mr. Warren Hoffert began a similar period of training in 1953. When he completes his advanced study, it is planned that he will temporarily take the place of Mr. Dwight Frazier, Chief of the Miami Laboratory, while the latter is given an opportunity for similar training. This addition of more highly qualified professional workers to the laboratory staff has been a long felt need. It is a satisfaction to see the training of able senior workers proceeding so satisfactorily.

The diagnostic services provided by this Bureau have continued with only minor modifications. These services in the past have been so time-consuming that other equally important activities of the Bureau have not received needed attention. There has been some recent progress, however, in the development of special studies. In the current year, as will be described later, there was active interest in an entirely new problem in rabies. Likewise, a much needed special study was undertaken in Sanitary Bacteriology. The investigations of infections transmissible from animals to man were continued. In the future development of our Bureau, it is urgent that activities of this type be expanded and strengthened. There has been, furthermore, some development of the consultative and educational services designed to aid medical laboratories and medical technologists in any desired and practical manner. This embryo activity potentially is one of the highly important services of the Bureau of Laboratories. The future hope is that these young and immature divisions of our work may develop into sturdy programs equal in importance to the diagnostic services.

DIAGNOSTIC SERVICES

During recent years there has been each year an increase in the volume of diagnostic work performed in the Bureau as shown in Table 35. This year, in contrast, there was a moderate decrease. This reduction occurred in all laboratories except Tallahassee. There is no basis for comparison in the recently organized West Palm Beach Regional Laboratory. The number of specimens submitted was less in 1953 than in the preceding years, but the reduction was slight. The more rapid decline in examinations performed is due to the fact that certain tests previously performed routinely were dropped during the latter half of 1953. It has been the practice, for example, to test routinely all bloods submitted for agglutination tests for five different infectious diseases. In recent years laboratory evidence suggesting the

occurrence of typhus fever was encountered rarely. As of the present time, an examination for this infection is performed only on the specific request of the physician. The objective in this and in other similar situations was to limit the volume of work as much as practicable without reducing seriously the value of the examinations. Thus, though there was a decline of only 28,423 in the number of specimens submitted, there was a reduction of 132,274 in the number of examinations performed. These encouraged or enforced reductions came almost entirely in the last six months of the year.

The nature and number of tests in each of the laboratories and the findings by examinations performed are given in Tables 36 and 37. Annual summaries of similar type have been provided since 1949. It is appropriate to observe certain of the accumulated observations for this period of five years for which comparable data are available.

In major fields the nature of the work has been relatively constant throughout the five years. Specimens for syphilis serology varied only from 602,091 to 640,586 with the lowest number in 1949 and the highest in 1952. (See Table 38). Specimens to be examined for tuberculosis varied from 30,846 to 38,704. In three of the five years, the number of fecal specimens for parasitology was approximately 130,000, with fewer in 1949, and more in 1952. In some fields, as in Sanitary Bacteriology, there has been a progressive and continuing expansion of work. The number of specimens of milk increased year by year from 18,326 in 1949 to 27,188 in 1953, and water samples, exclusive of those submitted in pollution surveys, rose similarly from 37,771 to 46,467. There has been a significant reduction in specimens submitted for a few tests only. Throat cultures for diphtheria numbered 6,768 in 1949 and only 3,737 in 1953. However, the 138 positive examinations in 1953 were second only to the 194 positive tests in 1949. Darkfield examinations for syphilis have progressively and rapidly decreased in number. The 9 positive darkfields in 1953 are to be compared with the 471 positive in 1949 and the 950 in 1948. These are the exceptional instances in which there is clearly less need for service at present than in previous years. Considering all diagnostic laboratory activities, while there have been some changes in need or in emphasis, still the striking feature is the uniformity in the type and number of specimens submitted for examination during the period under review.

The serologic procedures used in testing for syphilis have undergone no marked changes in recent years. The present test is possibly somewhat more sensitive than that employed in 1949. Thus, any decline in the proportion of positive observations will have increasing significance. Table 38 records the percentage of positive findings in blood specimens examined serologically for syphilis. The downward

decline evident in the total and in the findings of each laboratory is gratifying. In 1949, 16.9 per cent of specimens tested gave a positive serological reaction. In contrast, only 9.3 per cent of approximately the same number of specimens reacted similarly in 1953. This, combined with the striking decline in specimens positive by darkfield is clear evidence of the effectiveness of the preventive measures employed against this infection in recent years. Furthermore, the findings on these routinely submitted specimens provide an indication that there is still a substantial amount of residual infection needing attention.

Somewhat comparable data in the field of parasitology are given in Table 39. Again it is noted that the laboratory findings for hookworm on specimens submitted routinely have shown a progressive decline in the proportion of positive observations. In 1949, for the State as a whole, 18.8 per cent of these specimens were found to have hookworm ova, whereas five years later the percentage was 11.1. The rate of decline, furthermore, was particularly rapid in West Florida where the infection has been highly prevalent and where an active control program was in progress. In contrast, the findings for ascaris not only fail to show any decrease but actually give evidence of a possible increase. In 1949, 3.1 per cent of all specimens were found to have ascaris ova; in 1953, 4.5 per cent of specimens collected similarly were positive. The variation by area of the state from which specimens were received is notable also. In Miami, a consistently higher proportion of specimens are positive for ascaris than hookworm. The percentages positive for enterobius were 1.7 in 1949 and 2.5 in 1953. Hookworm is disseminated in an insanitary external environment while ascaris and enterobius infections are spread predominately through lack of personal or household cleanliness. These findings suggest that programs of community sanitation need to be supplemented by educational activities designed to attain better personal and home hygiene.

The findings for tuberculosis, because of their importance, have been a matter of special interest. Data on this infection are given in Table 38. During the years 1949 to 1951, there was a progressive increase in the proportion of positive findings for tuberculosis in specimens examined bacteriologically. It was noted in a preceding annual report that this increase was related to improved technics. However, in the past two years, there was a decline in the proportion of positive specimens even though the examination of specimens from cases hospitalized in Lantana was a part of our work for late 1952 and all of 1953. There has been no known change in the source of specimens submitted to the Jacksonville laboratory. There, only 12.4 per cent of the specimens were bacteriologically positive in 1953,

the lowest percentage in the five-year period. In the year under review, there have been marked advances in the specific therapy of tuberculosis. To an unknown degree, patients being cared for in the community receive specific medication. An increasing number of specimens from this source are positive microscopically but negative culturally. It is generally acknowledged that specimens from cases under treatment are difficult to test satisfactorily. This is a special problem urgently needing added attention. The number of gastric specimens received for examination for tuberculosis increased markedly during the five years. In 1949, 463 of these specimens were examined (5 submitted were unsatisfactory for examination) and 36 (8.3 per cent) were positive for *M. tuberculosis*. However, in 1953, 1697 such specimens were tested (47 submitted were unsatisfactory for examination) and 165 (9.7 per cent) were culturally positive. It is noted that in 1951 and 1952, the proportion of specimens positive was higher than in either of these years and notably so in 1952 when 17.7 per cent of the gastric specimens were proven positive for *M. tuberculosis*. Miscellaneous specimens for tuberculosis have increased also. A total of 21 specimens of urine, pleural fluid, exudate or other material were positive for this infection in 1949 as compared with 58 in 1953. With better treatment and control procedures available, now is the time to strive with added energy for the control of this major infectious disease. We should be prepared to provide more, not less, laboratory service in the future.

SPECIAL STUDIES

Studies of salmonellosis sponsored in part by the Armed Forces Epidemiological Board have been continued. Major attention has been directed to an evaluation of the role of food processing and food products in the dissemination of these infections. It has become clearly evident that there is need for greater public health concern about the bacterial qualities of food products available on the open market.

The investigation of the etiology and treatment of otitis externa was renewed during the summer and early fall when these infections are prevalent. This work was part of a broad cooperative activity supported largely by the Air Force and conducted with the cooperation of the Navy at its Air Base in Jacksonville. Dr. Ben Senturia, Professor of Oto-Laryngology, Washington University, St. Louis, and Major Richard Cross of the Air Force assumed responsibility for the studies in the clinic, whereas the bacteriological examinations needed in the investigation of etiology and as a measure of progress under treatment were conducted in the Jacksonville Laboratory.

Veterinary public health laboratory services. A variety of studies

of infections transmitted from animals to man, supported in part by the Veterinary Public Health Services of the Communicable Disease Center, U. S. Public Health Service, Atlanta, Georgia, were carried forward. There were in all, 155 samples submitted for *B. anthracis* and of these, 13 were found positive. The positive specimens came from five different counties and largely gave indication of the persistence of infection on farms with previous positive animals. Accumulating data indicates that clinical cases of leptospirosis, particularly in dairy herds, are common in the State. In all, 754 specimens for serologic or cultural diagnosis of leptospirosis were received. The latter technically proved a very difficult test and there were two isolations only of leptospira during the year. In contrast, 23 per cent of the bovine specimens tested and 71 per cent of the canine gave serologic evidence of leptospirosis. The problem of infections in poultry was repeatedly called to our attention and 164 birds from infected flocks were submitted for examination. The major problem appeared to be salmonellosis or New Castle disease. The economic nature of the problem is indicated by the somewhat unusual experience in one flock of 8,000 four-week-old chicks in which mortality was 100 per cent. From various sources, 224 specimens from animals or birds were submitted for complete bacteriological examination. Findings varied markedly though many of the specimens were positive for one or more pathogenic organisms. This work in the veterinary field has demonstrated both the need for this service and the practicability of incorporating veterinary diagnostic work as a division of a public health laboratory. There is a clear indication for establishing this work on a more secure basis with the active cooperation of the State Livestock Board.

In the field of sanitary bacteriology, a carefully planned evaluation of the cryoscopic test was conducted throughout the year. The nature of this study was indicated in the Annual Report of 1952. It may be said now that the work has proceeded satisfactorily. The findings have served to establish the dependability of this test and also the need for a minor revision in standards for computing the amount of added water in dairy products. The study conducted in Leon, Hillsborough, Pinellas and Duval Counties will be completed early in 1954.

The most unusual special study began with a routine microscopic examination for rabies. A bat, which had bitten a boy, was brought to the Tampa Laboratory by members of the Hillsborough County Health Department. Microscopically it proved to have typical Negri bodies. By subsequent tests, the infection was proven to be rabies. This initiated a further survey to determine the probable prevalence of rabies in bats in Florida. Of 210 free-living bats shot on the wing, 6 were proved positive for rabies. Up to the present time, no infection has been found in colony bats. These observations are of par-

ticular interest since it is evident that rabies infection in bats must be chronic, hence, these mammals may provide a hitherto unknown chronic reservoir for this infection. A preliminary report on observations to date was presented at the American Public Health Association Meeting in New York. Much additional work is needed.

During the year, the Director of Laboratories was appointed Director of the Commission on Enteric Infections of the Armed Forces Epidemiological Board. This has added a new responsibility, but has provided interesting opportunities for the development of studies in a field which has been of high interest to the laboratory for a substantial period of time.

CONSULTIVE AND EDUCATIONAL SERVICES

To promote the development of what was believed to be a highly important program of the Bureau of Laboratories, the "Consultive and Educational Services" were planned as a separate major activity beginning in 1953. Miss Carolyn Roth was designated as Chief. Thus functionally three major divisions in the Bureau's program are recognized, the Diagnostic Services, Special Studies and the Consultive and Educational Services. In no instance are personnel assigned exclusively to a single activity, but all are available to aid with every program. The administrative procedure has been to define the activities and assign responsibility for leadership. There has been commendable progress with the development of the "Consultive and Educational Services" under this plan.

The activities of the Regional and Affiliated Laboratories have been strengthened by these services. Periodic visits were planned and Miss Roth has made two or three visits to each of the 8 laboratories during the year. The purpose was to strengthen the ties to the Central Laboratory, to review technics for conformity with approved laboratory procedures, and to give personal assistance with the various problems which are handled best by discussion.

In Serology, a Consultive and Educational program has been in progress for five years due to the official responsibility for the designation of laboratories approved for premarital and prenatal serology. During 1953 Miss Roth, aided by the serology division of the Central Laboratory, has had continuing contact with 142 laboratories performing serology. In all, 4,842 "evaluation" specimens were distributed in 1953, a minimum of 30 specimens per laboratory per year. The purpose was to detect weaknesses and then to aid with corrective measures. In all, there were 66 consultive visits to laboratories approved for premarital and prenatal serology. During the year six new laboratories were approved and four were removed from the ap-

proved list which is submitted as of January 1, to each county judge in the State and to each laboratory director in the 48 states. Group instruction in serology was provided in all areas of the State by a series of meetings in which Dr. Sidney Olansky, Medical Director, V. D. Research Laboratory, U. S. Public Health Service and Dr. William Walter, director of the State Board of Health Division of V. D. Control, were the guest instructors. In general, the laboratories in the State now provide highly dependable service in serology. It is the objective of the "Consultive and Educational Services" to help maintain and even to improve this high quality.

Miss Roth regularly visits the County Health Department when in the locality. The contact with the persons collecting or handling the laboratory specimens or using the reported findings has been beneficial in many ways. Miss Mildred Jefferies aided with more formal education by serving as guest instructor at regional meetings of the public health nurses.

The educational program for medical technologists generally has been advanced by close cooperation with the Florida Society of Medical Technologists, the Board of Examiners in the Basic Sciences, and the Extension Division of the University of Florida. Miss Roth has served as Executive Secretary of the Florida Society of Medical Technologists, and in this capacity has given assistance and leadership in developing the annual state and the periodic chapter meetings. Advisory assistance was provided to the Extension Division of the University in planning the second "Annual Medical Technologists Workshop" which was generally regarded as highly successful.

During the year a voluntary standardization program was undertaken through the cooperation of the Board of Examiners in the Basic Sciences, (which is officially responsible for licensure and for educational programs supported by licensure fees), the Florida Society of Medical Technologists and the State Board of Health. The program is designed to improve performance in chemistry, parasitology, bacteriology, and hematology including blood grouping and typing. To date, 101 medical technologists have indicated their desire to participate in the clinical chemistry program, 110 in parasitology, 24 in bacteriology, 96 in general hematology and 40 in blood grouping and typing. Some technologists plan to participate in one program only, while others wish to participate in two or more. The careful planning of the past year is strong assurance for the continuing success of this program.

In Sanitary Bacteriology, the Bureau through Mr. Hugh Butner, has given stimulus and leadership in developing educational programs for laboratory workers in dairy plants and control laboratories.

This program has added little to the cost of operating the Bureau, but it has added much to the value of its work.

Revision as of January 1, 1954, of Previously Published List of Laboratories Approved for Premarital and Prenatal Serology Removed

Alachua County Hospital, Gainesville
Mr. Harry Cleveland, 147 Alcazar Avenue, Coral Gables
Theresa Holland Clinic, 1116 West Main Street, Leesburg
Berryman Clinical Laboratory, 801 Florida Power Bldg., St. Petersburg

Added

Arcadia General Hospital, Box 705, Arcadia
Drs. Mitchell, Gatlin and Broadstreet, 241 W. Ashley St., Jacksonville
Baptist Hospital, 1000 West Moreno Street, Pensacola
J. Lancelot Lester, 422 Fleming Street, Key West
Orlando Osteopathic Hospital, 603 Hillcrest, Orlando
Tarpon Springs Hospital, Tarpon Springs
Community Blood Bank, St. Petersburg
Medical Professional Laboratory, 337 22nd Ave., North, St. Petersburg

TABLE 35
TOTAL NUMBER OF EXAMINATIONS PERFORMED BY
LABORATORIES, 1947 - 1953

Laboratories	YEAR						
	1947	1948	1949	1950	1951	1952	1953
Jacksonville Central.....	808,396	845,957	868,359	924,276	1,034,614	1,046,571	1,003,534
Tampa Regional.....	336,750	440,172	445,022	449,490	461,872	454,122	425,492
Miami Regional.....	227,561	364,739	417,503	447,943	446,462	469,289	380,253
Pensacola Regional.....	56,726	112,486	128,655	129,266	124,995	145,688	127,639
Tallahassee Regional.....	18,531	76,691	93,435	112,641	104,843	114,431	123,306
Orlando Regional.....		19,727*	50,208	88,473	132,662	146,606	132,908
W. Palm Beach Regional.....						15,578†	86,251
Pinellas County.....		11,700*	21,317	30,529	26,784	30,011	28,765
Volusia County.....					12,463	15,317	8,494
Melbourne Hospital.....	15,461	48,776	38,564	25,884	23,614	11,303*	
Total Examinations..	1,463,425	1,930,248	2,063,468	2,208,502	2,368,309	2,448,916	2,316,642
Total Specimens.....	‡	‡	1,002,768	1,072,772	1,071,077	1,083,576	1,060,153

* 6 months operation.
† 3 months operation.
‡ Data unavailable.

TABLE 36
EXAMINATIONS PERFORMED BY LABORATORIES, 1953

	Jacksonville	Tampa	Miami	Pensacola	Tallahassee	Orlando	Daytona Beach	Pinellas	W. Palm Beach	TOTALS
SEROLOGY	463,870	274,010	258,785	84,396	56,645	58,858			17,640	1,214,204
Syphilis.....	16,360	2,467	6,415	1,591	593	1,382			232	28,712
Agglutinations and Related Tests	3,791	4,290	1,597	558	1,104		13		531	12,266
Blood Typings (Rh).....										
DIAGNOSTIC BACTERIOLOGY	5,290	2,060	421	165	121	619	106		10	8,792
Diphtheria and Associated Infections.....	81,529	35,971	11,213	6,212	5,469	4,248	122		21,242	113,984
Tuberculosis.....	22,908	11,073	23,307	1,974	2,037	11			219	98,456
G.C.—Smear.....	2,824	24,432	3,057	7,438	19,615	16,319	392		548	28,319
Culture.....	61,524	92	223	95	180	1,108	24		38	133,625
Enteric.....	3,767	103	57	138		306				4,935
Blood Culture.....	560	266	57							1,185
Food Poisoning.....	1,311									2,078
Rabies (Microscopic).....	871									871
Rabies—Mouse Inoculation.....	12,452	1,881	2,575	1,703	271	19,892	365		2,496	41,635
Miscellaneous.....										
SANITARY BACTERIOLOGY	14,692	29,870	34,064	3,850	20,816	8,948	2,852	9,901	19,946	144,939
Dairy Products.....	17,319	9,056	9,488	3,112	4,470	4,588	1,735	10,036	10,089	69,893
Water—Drinking and Pools.....	13,065	2,452	3,905	2,189	1,144	3,333		8,009	1,495	35,592
Water—Pollution Surveys.....	9,049						428	116		9,258
Shellfish.....		11	320		244	402		467		1,968
Utensils.....										
PARASITOLOGY	65,352	22,977	7,509	11,655	8,112	12,281	824		802	130,572
Intestinal Parasites.....	522	281	64	50	100	115	2		1,031	1,031
Malaria.....	1,457		27				28		377	2,004
MICROLOGY										
Chemistry.....	6,932	3,907	523	2,178	830	371	1,425		533	16,699
Blood.....	5,936	363	966	47	655	21	85		19	8,027
Spinal Fluid.....						16			3,200	3,388
Urine.....	670		1,312							1,982
Toxicology.....	2,086		398			24				2,756
Water.....	5,731		4,160					236		9,991
Other.....	24,941									24,941
VETERINARY PUBLIC HEALTH										
SPECIAL RESEARCH PROJECTS	40,528			288						40,816
Salmonellosis.....	7,777									7,777
Gonorrhea.....	66,525									66,525
Officiating.....	41,070									41,070
Sensitivity.....	1,078								6,773	7,851
Other.....										1,078
GRAND TOTALS.....	1,003,534	425,492	380,253	127,639	123,306	132,908	8,494	28,705	86,251	2,316,642

TABLE 37
SPECIMENS SUBMITTED FOR EXAMINATION BY FINDINGS

EXAMINATION	POSITIVE SPECIMENS		Negative	Unsatisfactory	Total Specimens
	One or More Positive Findings	Positive for Findings Indicated			
SEROLOGY					
Syphilis.....	56,290		549,938	10,963	617,191
Agglutinated and Related Tests.....	569		6,169	162	6,900
Typhoid.....		203			
Typhus.....		107			
Brucellosis.....		72			
Tularemia.....		42			
Heterophiles.....		123			
Other.....		42			
Blood Typings (Rh).....					11,461
DIAGNOSTIC BACTERIOLOGY					
Diphtheria and Associated Infections.....	527		3,180	30	3,737
C. Diphtheria.....		138			
Vincent's.....		123			
Streptococci.....		87			
Other.....		218			
Tuberculosis.....	5,129		30,916	2,659	38,704
Sputum.....		4,906	28,492	2,536	
Urine.....		13	443	11	
Gastric.....		165	1,532	47	
Pleural Fluid.....		8	84	3	
Exudate.....		6	74	3	
Other.....		31	291	59	
Animal Inoculation.....		30	23		53
Gonorrhea—Smears.....	25,561		25,653	363	51,577
Intracellular Gram negative diplococci.....		4,977			
Extracellular Gram negative diplococci.....		2,559			
Trichomonads.....		4,393			
Yeasts.....		1,544			
Vincent's Organisms.....		561			
Many Pus Cells.....		10,908			
Gonorrhea—Cultures.....		1,195	24,942	369	26,506
Enteric Infections.....	462		35,223	255	35,940
S. typhosa.....		85			
Other Salmonella.....		287			
Shigella (Flexner and Sonnei).....		66			
Blood Cultures.....	32		323	1	356
Salmonella.....		1			
Brucella.....		0			
Other.....		27			
Food Poisoning.....	44		62		106
Staphylococci.....		12			
Other.....		45			
Rabies (Microscopic).....	47		1,091	44	1,182
Dog.....		17			
Cat.....		1			
Raccoon.....		8			
Fox.....		10			
Bat.....		6			
Cow.....		4			
Skunk.....		1			
Rabies (Mouse Inoculations).....	17		854		
Dog.....		7			
Cat.....		1			
Raccoon.....		2			

TABLE 37—Continued
SPECIMENS SUBMITTED FOR EXAMINATION BY FINDINGS

EXAMINATION	POSITIVE SPECIMENS		Negative	Unsatisfactory	Total Specimens
	One or More Positive Findings	Positive for Findings Indicated			
Fox.....		5			
Bat.....		1			
Cow.....		1			
Miscellaneous					
Darkfield—T. pallidum.....		9	83	10	102
Chancroid—Ducrey's.....		40	38		78
Granuloma—Donovan Bodies.....		11	43	3	57
Gonococcus in Eye.....		22	47		69
Other Eye Smears.....		154	54	15	223
Other Eye Cultures.....		37	26		63
Urine Cultures.....		1,280	373		1,653
Spinal Fluid Cultures.....		23	55	2	80
Pleural Fluid Cultures.....		9	28		37
Other Fluids and Exudates.....		407	192	1	600
Mycological Examinations.....		410	244	12	666
Organisms for Identification.....		414	27	2	443
Other Examinations.....		603	894	12	1,509
SANITARY BACTERIOLOGY					
Dairy Products.....					27,188
Water, Drinking and Pools.....					46,467
Water, Pollution Surveys.....					5,328
Shellfish.....					1,336
Utensil Swabs.....					1,664
PARASITOLOGY					
Intestinal Parasites.....	28,827		99,442	1,308	129,577
Hookworm.....		14,307			
Ascaris.....		5,797			
Enterobius.....		3,270			
Trichuria.....		650			
Taeniae.....		8			
Other Helminths.....		169			
E. histolytica.....		413			
Non-pathogenic amoebae.....		6,773			
Flagellates.....		3,113			
Other.....		33			
Malaria.....		5			
P. vivax.....		2	518	11	534
Untyped.....		3			
CHEMISTRY					
Blood.....					16,717
Spinal Fluid.....					3,724
Urine.....					450
Water.....					882
Toxicology and Narcotics.....					923
Other.....					9,188
VETERINARY PUBLIC HEALTH					
Specimens Examined.....	351		2,386	21	2,758
SPECIAL RESEARCH PROJECT					
Salmonellosis.....	1,689		2,880		4,569
Gonorrhea.....	1,328		2,149	63	3,540
Otitis Externa Bacteriology.....	3,828		117		3,945
Other.....	38		16		54
Methodology.....					
Sensitivity.....	1,425		584	7	2,016
GRAND TOTAL SPECIMENS RECEIVED.....					1,060,153

TABLE 38
SPECIMENS RECEIVED FOR SEROLOGICAL TESTS AND
EXAMINATION FOR M. TUBERCULOSIS WITH
PERCENTAGES FOUND POSITIVE, 1949 - 1953

YEAR	SEROLOGY		EXAMINATIONS FOR M. TUBERCULOSIS							
	Num-ber Specimens	Per Cent Positive	Total Specimens	Per Cent Positive	Spu-tum Specimens	Per Cent Positive	Gastric Washings	Per Cent Positive	Other Specimens	Per Cent Positive
1949....	602,091	16.9	32,512	11.8	31,367	12.0	468	8.3	677	3.7
1950....	627,092	16.6	36,487	15.5	35,462	13.1	545	8.5	480	1.7
1951....	619,225	13.5	29,074	15.9	27,847	16.1	592	10.9	635	7.3
1952....	640,586	13.5	30,846	14.8	29,257	15.0	810	17.7	779	6.6
1953....	617,191	9.3	38,704	14.6	35,934	14.7	1,744	9.7	1,026	9.0

TABLE 39
PROPORTION OF FECAL SPECIMENS FOUND POSITIVE FOR
HOOKWORM AND ASCARIS, BY LABORATORY, 1949 - 1953

LABORATORY	PER CENT POSITIVE FOR HOOKWORM					PER CENT POSITIVE FOR ASCARIS				
	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953
TOTAL.....	18.8	18.8	14.3	12.5	11.1	3.1	3.3	3.8	4.1	4.5
Jacksonville.....	16.4	17.3	14.1	11.9	9.9	3.3	4.3	4.3	4.5	5.6
Miami.....	4.9	4.0	3.7	2.5	3.1	5.3	4.3	8.7	8.9	5.1
Tampa.....	20.3	20.0	16.5	16.6	17.7	3.7	3.4	3.6	4.1	5.6
Orlando.....	12.6	8.1	6.6	7.4	7.2	1.3	1.0	0.9	1.0	1.0
Pensacola.....	32.3	34.0	23.5	19.4	13.9	1.0	1.1	1.6	1.4	1.3
Tallahassee.....	20.4	24.0	16.4	14.2	12.8	1.8	0.8	1.0	1.4	2.6

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BUREAU OF MATERNAL AND CHILD HEALTH

R. W. McCOMAS, M.D., M.P.H., Director

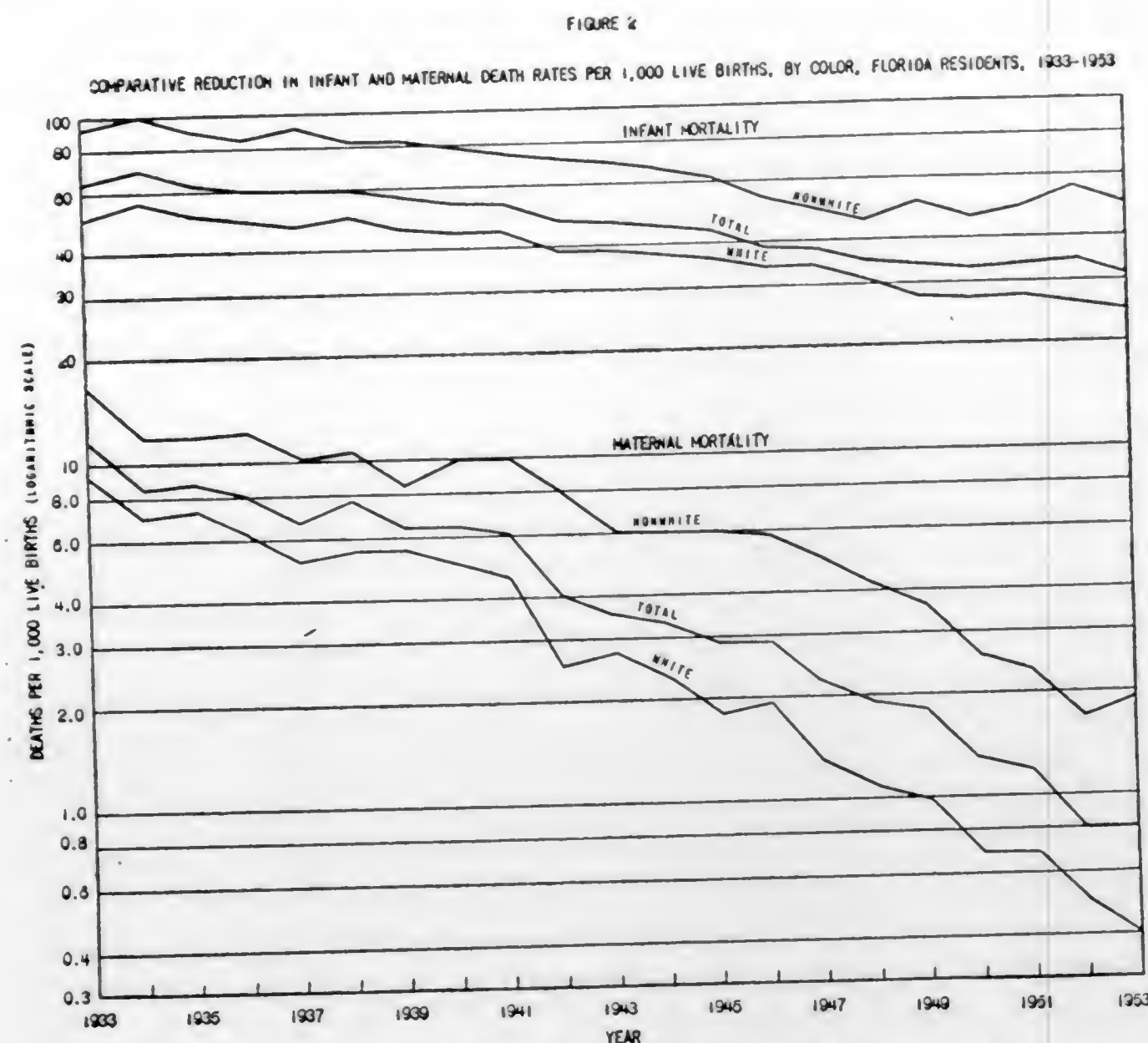
The Bureau of Maternal and Child Health has continued to operate at approximately the same level during 1953 as in past years, and there have been no important changes in key personnel concerned with maternal and child health services as such. The position of School Health Consultant has remained vacant because of lack of funds.

MATERNAL HEALTH

The most significant development during the year was the creation of a Division of Mental Health within this bureau, the activities of which will be reported elsewhere. Since its beginning and until this year, the Mental Health Program had been attached to the Bureau of Maternal and Child Health without constituting a separate organizational unit. The last session of the Florida Legislature made a specific appropriation for mental health available to the State Board of Health, and as a result of this, the new Division was created in July 1953. The Division will eventually consist of a professional staff providing psychiatric, psychological, psychiatric social work, and psychiatric nursing services on a consultant basis to child guidance clinics, state agencies, civic groups, and individuals interested in promoting mental health.

The most significant development in the maternal health field was the continued low maternal mortality rate. A provisional report from the Bureau of Vital Statistics places the 1953 rate at 0.8 per 1,000 live births (or 8 deaths per 10,000). While this is the same as the 1952 rate, it is still highly significant because of the fact that 1952 showed an amazing 33 1/3 per cent reduction over the previous year. The downward trend in maternal mortality rates, when they are approaching one death per 1,000 live births, seldom shows such a sharp decrease as was experienced in Florida in 1952. Therefore, it would not have been unusual to have experienced some increase over last year's rate during the current year. The fact that last year's rate was maintained and even decreased indicates that the same forces affecting the 1952 rate have continued to operate. In effect, the 1953 rate represents an average reduction of about 15 per cent for each of the past two years. Actually, there were 65 deaths in 1953 as compared with 61 in 1952, the difference being offset by the increase in the number of births this past year.

There is no clear indication as to what factor, or factors, may



be primarily responsible for the continued reduction of maternal mortality. Certainly, the increased interest of the medical profession, continued improvement in medical care and hospital techniques, the continuing efforts of the county health departments and their nursing staffs, and continued supervision of midwives are all contributing to this improvement in varying degrees.

One of the most promising developments during 1953 was the continuing interest in the development of low cost hospital delivery plans for low income groups in the population. This Bureau does not have a comprehensive picture of the availability of this type of service, but there have been at least five additional ones reported during the past year, and undoubtedly others have been placed in effect. In addition, a number of other communities are planning the development of this type of service, which is sometimes quite difficult to operate since it is often abused and requires close cooperation between the medical profession, the hospital and the local health department. Nevertheless, they appear to offer the most satisfactory solution to the problem of providing adequate natal care for the low income groups.

INFANT HEALTH

After two years, during which infant mortality in Florida showed decided increases, the 1953 provisional infant mortality rate shows a significant decrease. The provisional rate for 1953 is 31.0 deaths per 1,000 live births, as compared with a rate of 34.1 in 1952. This downward shift in infant mortality is very gratifying since the increasing rates during the two preceding years have been very disturbing and, for the most part, unexplained.

In attempting to study the increase in infant mortality during the years of 1951 and 1952, the Bureau of Maternal and Child Health has worked closely with the Bureau of Vital Statistics in attempting to evaluate information already available to us and, in addition, has discussed the matter with representatives from the Children's Bureau, the National Office of Vital Statistics, the Florida Committee on the Foetus and Newborn of the American Academy of Pediatrics, and the Child Health Committee of the Florida Medical Association. Certain of the groups representing the medical profession have attempted to improve hospital practices and facilities for infants, and the Committee on the Foetus and Newborn is co-operating with this bureau in attempting a study to secure additional information on all infant deaths reported within the state. This would be done through sending a special questionnaire to the attending physician in all infant deaths with the hope that the resulting information would throw additional light on the causes of infant mortality.

There has been continued emphasis on education and training of physicians, nurses, and midwives, with particular emphasis on in-service training for midwives through local and regional institutes. Some progress has been made in the organization of a short training course for prospective midwives at Florida Agricultural and Mechanical University.

The Tri-State Obstetric Seminar was held for the third consecutive year on September 14-15-16 in Daytona Beach. It was again sponsored by the Volusia County Medical Society, the Maternal Welfare Committee of the Florida Medical Association, and the Bureaus of Maternal and Child Health of South Carolina, Georgia and Florida. Because of the uniformly favorable reaction to this seminar, it was decided to attempt to hold it on an annual basis in the future. The seminar was attended by 174 physicians, 77 nurses and 2 others, who came from the following states: Florida 196, Georgia 33, South Carolina 14, other states 10. As in the past, the program consisted of formal presentations from national leaders in the fields of obstetrics, pediatrics, surgery and cardiology, followed by question and answer

sessions in which the experts served as a panel. Plans are already underway for the 1954 seminar and interest of the commercial exhibitors is such that some of the cost of the seminar can be borne from this source of funds.

Another Short Course in Audiology was held at the University of Florida during the summer of 1953. This course was very similar to those held in previous years and was conducted by Dr. Roger B. Maas, of Wisconsin State College. For some reason not now clear, attendance was not good at this course and it will in all probability be discontinued. Despite this, there has been no less interest in the development of hearing programs in county health departments. A number of counties during the year reorganized their conservation of hearing programs and are reporting greater numbers of children screened and tested and better percentages of positive corrections.

Training of professional personnel in the care of premature infants at the New York Hospital-Cornell Medical Center continued on a limited basis. Two teams consisting of a pediatrician and a nurse attended from Florida. Both teams were from the Miami area. Discussions have been underway for some time for developing the Premature Demonstration Center at Jackson Memorial Hospital into a formal training unit for the southeastern region. The U. S. Children's Bureau is interested in promoting this as a project and the hospital is interested in undertaking it if it is possible to utilize the additional services that will be made available through the Department of Pediatrics of the new University of Miami Medical School. A number of physicians and nurses have attended the center on an informal basis for orientation in the care of premature infants and use of the specialized equipment used in premature nurseries. The Center has continued to be very active during the year. It is partially financed by a grant from the U. S. Children's Bureau and provides Dade and the surrounding counties in Southeast Florida with excellent care for premature infants. A preliminary report of its activities indicates that a total of 167 infants, (78 white and 89 colored), were admitted during the year with only 10 deaths. If corroborated, this report indicates an extremely low mortality rate since it is known that many of these infants were in very poor condition when received. The incidence of retrolental fibroplasia has continued to be lower than that reported nationally, without explanation. An interested group of ophthalmologists, pediatricians, and public health administrators met during the annual meeting of the Florida Medical Association to discuss the problem of retrolental fibroplasia and to decide if any organized program was indicated. It was decided that nothing could be done at this time although

three of the group consented to act as a continuing committee which would call the larger group together again if necessary.

Interest in improving the care of premature infants is increasing rapidly all over the state. Most of the larger hospitals in the major population centers already have individual premature nurseries functioning, and a number of others are in the process of establishing them. In addition, several small hospitals whose case loads do not justify separate premature nurseries have procured special equipment for premature infants and have placed it in the hospital nursery. The Bureau of Maternal and Child Health acquired several Isolettes and incubators through a special grant from the Children's Bureau during the past year and has been placing them in small hospitals in areas where there was interest in improving services for premature babies, and where arrangements could be made for special training of personnel in the care of prematures and operation of special equipment.

SCHOOL HEALTH PROGRAM

The position for a school health consultant has remained vacant throughout the year and it has been necessary for the director to attempt to carry out the duties of this position in addition to other responsibilities.

The most important school health development in 1953 was the publication of Bulletin 4-D "A Program of Health Services for Florida Schools" in July. This bulletin, which had been in preparation for several years, was sponsored jointly by the State Department of Education and the Florida State Board of Health, and published by the former. It provides an excellent guide for the development of school health services and emphasizes the importance of continuous health supervision of children by private physicians, teacher observation as a screening device for both defects and illnesses, provision of specialized services for staff members of county health departments, the importance of health education, and the utilization of the community health council and the county school health committee. This bulletin has been very well received to date and is serving to stimulate joint discussions by the county health department and the county school systems for improvement of school health services. In addition, a number of regional and state level meetings have been held to focus attention upon and encourage the use of this bulletin.

One joint meeting between representatives of the State Board of Health and the State Department of Education was held in Tallahassee. Most of those from both departments interested in school health were in attendance and the time was spent in general dis-

cussions of broad policies of the two departments and in developing ways of working together more effectively. It was generally agreed that the meeting was mutually helpful and that additional meetings of a similar type should be held periodically in the future.

In addition to the above, the director has served on a number of committees for the State Department of Education and has served as a consultant on school health and school lunch programs. The director and other members of the staff have participated in numerous pre-school and post-school planning sessions either as speakers or as resource persons.

The director of the Dade County Health Department attended the National Conference of Physicians and Schools in Highland Park, Illinois, representing the State Board of Health.

DIVISION OF MENTAL HEALTH

PAUL W. PENNINGROTH, Ph.D.,
Acting Director

The creation of a Division of Mental Health (October 15) in the Bureau of Maternal and Child Health with a full-time director has replaced the former Mental Health Program. The Director of Maternal and Child Health, along with many other duties, had administered the Mental Health Program. In previous years the nearly all mental health funds directly available to the State Board of Health were those received from the National Institute of Mental Health. In May, the State Legislature, recognizing the need for a more intensive effort in the area of prevention, appropriated the sum of \$150,000 for the biennium. The Florida Mental Health Association had been very active in calling attention to this need. Shortly thereafter, the increase in available funds was reduced by a twenty-five per cent cut in funds from the National Institute of Mental Health.

The Division of Mental Health is concerned primarily with prevention, with the building of social forces, human relationships, and community programs for the maintenance and strengthening of emotional and mental well-being. There are many specific activities which may help to accomplish this.

MENTAL HEALTH CENTERS OR CHILD GUIDANCE CLINICS

At the beginning of the year assistance was being given to eight community mental health centers with funds received from the

National Institute of Mental Health. State funds made it possible to give additional assistance primarily through the addition of personnel. Assistance was given for the first time to the Florida Center of Clinical Services at the University of Florida. An agreement was reached with the newly formed Family and Children's Counseling Center, Inc., of Fort Lauderdale, to provide the services of a psychiatric social worker. Also, preliminary steps were taken in West Palm Beach, Pensacola, and Panama City to organize Child Guidance Clinics in each of these communities.

An outstanding characteristic of the clinic pattern that has developed in Florida is the variety of forms that have evolved. There is no common form in organization, financing, or activities in the different counties.

1. Types of organization

- a. *Dade*: The County Health Unit and the Board of Public Instruction combine to operate and finance the clinic.
- b. *Pinellas*, *Polk*, *Hillsborough*, and *Duval*: Independent Boards of Directors determine major policies and employ the director of the clinic.
- c. *Volusia*: Mental Health is one Division of the County Health Unit.
- d. *Alachua*: University operated.
- e. *Leon*: A board of five persons from the University and County Health Unit determines the policies.
- f. *Orange*: The clinic functions administratively under the County Health Unit.

2. Methods of financing

- a. *Dade*: Health unit funds and Board of Public Instruction.
- b. *Pinellas*: Health unit funds, Juvenile Welfare Board, Board of Public Instruction, two community chests, Junior Service League of Clearwater, fees, and contributions.
- c. *Polk*: Health unit funds, Board of Public Instruction, County Commissioners, and campaign receipts.
- d. *Hillsborough*: Health unit funds, Junior League, Community Chest, City of Tampa, County Commissioners, Board of Public Instruction, fees, and contributions.
- e. *Duval*: Health unit funds, Community Chest, Board of Public Instruction, and fees.
- f. *Volusia*: Health unit funds.
- g. *Alachua*: Health unit funds and the University of Florida.
- h. *Leon*: Health unit funds and Florida State University.
- i. *Orange*: Health unit funds, Board of Public Instruction, and the Junior League.

3. Age of persons seen (See Table 40 below)

TABLE 40
AGE DISTRIBUTION OF PATIENTS IN MENTAL HEALTH
CLINICS DURING 1953

COUNTY	AGE OF PATIENTS (In Years)						
	Total	Under 6	6-9	10-12	13-15	16-21	21 & over
Dade.....	995	111	440	300	144	→	
Duval.....	293	50	94	70	79	→	24
Hillsborough.....	279	28	63	85	59	→	164
Leon ¹	314	150				→	19
Orange ¹	247	2	28			→	15
Pinellas.....	525	158	105	109	95	→	32
Polk ¹	215	183				→	109
Volusia.....	693	148	→	328	108	→	2
Alachua.....	See note		→	275 ²	→	587	→

¹ Age range not broken down.² University students.³ Off-campus subjects.

In Table 40 and the tables which follow the figures cannot be compared. At the present time, no uniform report form is in use and the clinics do not utilize the same procedures of counting who is a patient. Types of service vary widely among the clinics. One clinic may give greater emphasis to treatment which is more time consuming than a program which emphasizes diagnosis with little or no attention to treatment.

This situation should be corrected in another year, for the National Institute of Mental Health is evolving a uniform reporting system with more definitely identified categories and clearer definitions of who constitutes a patient. Three of the clinics (Duval, Volusia, and Pinellas), used the experimental forms this year, which will permit comparison of the types of work from one clinic to another and from one state to another.

It is to be noted the number of clinics which provide some service to adult patients. All clinics work with parents of children seen, and all but one clinic have adults and children of pre-school age among their patients.

4. Sources of referral

Patients come to the clinics in many ways. Table 41 shows the major sources of referral.

The concentration of work or its dispersal within the community structure is partially pictured by the table. Dade, Orange, and Volusia Counties appear to be more closely identified with the

TABLE 41
SOURCES OF REFERRALS OF PATIENTS IN MENTAL HEALTH
CLINICS DURING 1953

COUNTY	SOURCE OF REFERRALS						
	TOTAL	Schools	Self	Courts	Agencies	Physicians	Other
Dade.....	995	995					
Duval.....	293	39	110	27	71	26	
Hillsborough.....	279	67	34	39	59	38	42
Leon.....	314			Data not given			
Orange.....	247	109	46	25	23	32	12
Pinellas ¹	445	67	137	66	143		32
Polk.....	215	67	51	28	36	11	22
Volusia.....	693	462	56		154	21	
Alachua.....	862			Data not given			

¹ Data is for new referrals and does not include the 70 patients carried over from 1952.

schools. Hillsborough, Polk, Pinellas, and Duval appear to have a wide variety of community contacts. Caution must be exercised in the interpretation of these figures for methods of computing referrals are not uniform.

5. Kinds of patients seen

The classification of patients into diagnostic categories presents another problem of great difficulty. The presenting symptoms as reported by parent or teacher may not represent the underlying personality organization. Patients can be diagnosed in terms of overt symptoms or they may be classified in terms of the nature and depth of disturbance. Most of the clinics use the second method. Again, the new report forms incorporate standard classification and the nomenclature recently revised and adopted by the American Psychiatric Association.

Table 42 presents the distribution of patients into several categories as classified by the clinics.

TABLE 42
CLASSIFICATION OF PATIENTS IN MENTAL HEALTH
CLINICS DURING 1953

COUNTY	CLASSIFICATION OF PATIENTS						
	Mental Retardation	Behavior Disorders	Organic	Psycho-neurosis	Psychosis	In-complete	Other
Dade.....	418	306	157	11	2	101	.....
Duval ¹	16	167	7	29	2	.....	57
Hillsborough.....	26	49	51	121	17	.....	50
Leon.....	64	133	23	5	1	.....	21
Orange.....	.....	210	37	63	.....	.....	215
Pinellas ²	31	33	29	17	9	.....	22
Polk.....	.....	.....	.....	.....	.....	.....	.....
Volusia ³.....	.....	.....	.....	.....	.....	.....	.....
Alachua ⁴.....	.....	.....	.....	.....	.....	.....	.....

¹ Duval presents its classification in the following types of problems:
 Psychosomatic.....20 Withdrawal.....44 Intellectual Evaluation.....61
 School Problems.....67 Acting Out.....16 Adoption Studies.....18
 Aggressive.....46 Speech.....11 Sex Behavior.....7

² The clinic report grouped mental deficiency, character disorders, psychosis, and assessment of intelligence together and is represented by the figure 215 under "Other."

³ The report from Volusia also presents its classification differently:
 Achievement.....407 Behavior.....90
 Emotional and Social.....138 Physical.....263

⁴ The Florida Center of Clinical Services groups together five clinics: Psychological, Speech and Hearing, Reading Laboratory, Adapted and Corrective Exercises, and Marriage and Family. The report shows the patients seen in each of the five clinics but does not present a further breakdown.

6. Staffing of the clinics

It is equally difficult to present a comparable picture of the individuals who do the work in the clinics. One clinic is directed by a full-time psychiatrist and two by part-time psychiatrists. Five are directed by clinical psychologists and one by a social worker. All clinics have psychological services and social work services available but only six have qualified psychiatric social workers and one has no psychiatric service. The psychiatric service in five of the clinics is very limited and is primarily of a consultative nature.

7. Functions of a clinic

Clinics ordinarily are thought to be responsible for a variety of functions.

- First and often foremost is the function of diagnosis. Through case histories, tests, physical and psychiatric examinations, and play room observations, a concept of the mental and emotional and social functioning of the individual is ascertained.

- Treatment or psychotherapy is a second function. As intensive therapy requires more skill and training and as it also requires more time, some clinics spend little if any time in this area.
- Educational activities are carried on by all clinics. The variety of educational presentation is almost limitless — radio speeches, forums, lectures, classes, television programs, plays, discussions, bulletins, study groups, circulating libraries, distribution of pamphlets, and posters are all found. A few clinics attempt to plan and coordinate their educational activities, others respond to almost any request made of them.
- Consultation service is increasingly provided to other professional groups and to parents. It has been learned that the skills and information possessed by clinic staff members when shared with another person in discussion of a specific problem often release more understanding and skill in working with individuals who may never be seen at the clinic.
- Training service is also a responsibility which is increasingly recognized as a necessary part of a clinic program. This has been expressed by the clinics in internships, workshops in human relations, training of medical internes, well-organized classes and seminars for professional groups, case conferences, and supervisory activities.

On the whole the clinics are moving in the direction of providing more consultation service, more training programs, and more education in the community with less emphasis being placed on treatment services. The choice has been deliberate as a means of most effectively using the time and the skills of the clinic staff.

Although there has been an increase in the number of staff members the clinics continue to operate under conditions of considerable pressure to meet the demands made of them. For example, in Orlando the clinic has a waiting list of 100. In Miami, intake was closed for a period of three months to permit taking care of a large backlog.

A brief description of the educational and training services follows:

DADE COUNTY GUIDANCE CLINIC

A staff of a full-time psychiatrist-director, two clinical psychologists, four social workers, two psychometrists, and three clerical workers saw a total of 995 clinic cases during the year. More emphasis has been given to the addition of a therapeutic program and to a program of broadened community mental health through more effective

relationships with other health and welfare agencies. Specifically, this was done through an orientation course for public health nurses, a post-planning period of interpretation reaching 70 per cent of the teachers in the county, acting as consultants to principals and teachers, working with pre-school mothers, participation in the program of the County Council of the Parents and Teachers Association, working with groups of parents of mentally retarded children, orienting bus drivers to give them a better understanding of children, working with visiting teachers, assisting the screening of personnel for the Board of Public Instruction, giving orientation course for pediatricians, holding a seminar for social workers, acting as consultant for the Dade County Association of Police Chiefs, holding referral conferences with school personnel, and carrying on many other community services.

DUVAL COUNTY CHILD GUIDANCE CLINIC

The program of parent education groups has been expanded as has the community education program. The latter has included five television programs and 83 problem centered discussion groups conducted with Parent-Teacher Associations. A ten-session seminar for social workers in group work was held and an eight-session course for student nurses in child development was also held.

A trainee from the School of Social Work, Florida State University, is given supervised training experience. Several experimental studies are in progress. There is a study of group play therapy and a study of group therapy with adolescents as techniques for reaching this age group.

The staff consists of one psychologist-director, two psychologists, one consulting psychiatrist (part-time), two psychiatric social workers, and two secretaries.

HILLSBOROUGH COUNTY GUIDANCE CLINIC

The Guidance Center of Hillsborough County has had continued turnover in its staff. At year's end, the staff consisted of a psychologist-director, one psychologist, one social worker, one psychiatric consultant, and one secretary. Clinic quarters were enlarged and redecorated.

Forums on "Bedwetting", "Feeding Habits of Children", and "Adolescent Rebellion", were a primary community educational endeavor. Knowledge of normal growth and development, of general principles of mental hygiene, and the resources available for help with emotional problems, were presented to civic organizations, nurses, students, and teachers.

HUMAN RELATIONS INSTITUTE

The Institute combines the functions of training for the Florida State University students and provides clinical services to Leon and nearby counties. A Board of Directors was formed during the year. It consists of five professional people who had definite designated responsibilities and interest for the operation of the Institute. Also, as a means to form closer ties with the community, an Advisory Council was formed.

A secretary is the only full-time person on the staff. Others share their time with the University. Among these are a psychiatrist, two psychologists, a social worker, a psychiatric social worker, a consultant and supervisor in psychiatric social work, and a stenographer.

ORANGE COUNTY CHILD GUIDANCE CLINIC

The Orange County Child Guidance Clinic has expanded greatly in interpretation and education in the mental health field. The addition of a full-time psychologist to the staff has permitted consultation with teachers, and psychological evaluation, especially, with the pupils in the Exceptional Child Program. The value of this service resulted in a request from the school administration for extension to schools with no special classes but where teachers had indicated a need for special help with individual pupils.

The staff has participated in 150 meetings, acted as a resource group to professional workers, and has offered training courses while at the same time seeing about 80 cases each month in study, follow-up, and observation. A total of 328 cases were seen during the year. More treatment has been offered this year.

The clinic is staffed by a psychiatrist-director (part-time), three psychologists (2 part-time), a psychiatric social worker, and a secretary.

PINELLAS COUNTY CHILD GUIDANCE CLINIC

The Child Guidance Clinic of Pinellas County extended its emphasis on community education and training of professional workers. This includes three workshops in human relations, the supervision of a social work trainee from the School of Social Work, Florida State University, a training program for medical internes from Mound Park Hospital, training of lay persons in program management, the enlargement of a loan library and pamphlet service, initiation of group counselling for parents, a remedial education project for emotionally disturbed children, the sponsorship of a "Growth and Development Clinic," 600 consultations to teachers, nurses, and

allied groups, and the usual speech making to 136 meetings and clubs with an estimated attendance of 3300. A monthly news bulletin was also issued.

Direct services were given to 525 family units — an increase of 14 per cent over the preceding year. Adoption studies were an increasing category of service.

This clinic is staffed with a psychologist-director (vacant) two psychologists, two psychiatric social workers, two secretaries, and one part-time psychiatrist.

POLK COUNTY GUIDANCE CLINIC

Polk County is the only county to have built quarters specifically designed for the clinic. In April, the clinic moved into its new quarters in a building which houses the juvenile court as well. Another unusual feature in Polk County was the passage of a special bill by the legislature permitting levying a tax up to \$5000.00 for support of the clinic. The clinic participates in a county-wide fund raising campaign sponsored by the Pilot Clubs.

The educational program through the media of radio, newspapers, distribution of pamphlet materials and talks has been continued. There has been an increase in parent counselling, tests to school children, and in the number of requests for service directly from parents.

The staff consists of a psychiatrist-director (part-time), one psychologist, one social worker, and a secretary.

MENTAL HEALTH DIVISION, VOLUSIA COUNTY HEALTH DEPARTMENT

A program of clinical and counselling services is represented in a different type of structure in which the mental health activities are identified as a Mental Health Division of the Volusia County Health Department. As staff, there are three psychologists, director (who resigned in November), a full-time mental health nurse. On a part-time basis are three clerks and a nursing supervisor, and one-third of the time of each of the 11 nurses.

A total of 693 persons were seen either in Daytona Beach, DeLand, or New Smyrna Beach. There was an increase in the number of adults served. Staff members worked in cancer, tuberculosis, maternal health, and well-baby clinics. This clinic participation carries with it services to the entire family in a larger number of instances, and it has also resulted in closer contacts with public and private agencies.

Community education has been extensive, including workshops for teachers, and the Florida Council for the Blind, 85 appearances before clubs and groups with a total audience of 7,155 persons, and radio talks.

FLORIDA CENTER OF CLINICAL SERVICES

In October the Division of Mental Health made available a psychiatric social worker to round out the "team" resources at the Florida Center of Clinical Services. The Center was organized in 1949 and has six clinics with activities coordinated through the Office of the Coordinator. They are: Psychological, Speech and Hearing, Reading Laboratory, Adopted and Corrective Exercise, Marriage and Family, and Veteran's Guidance Center.

Although behavioral and emotional aspects are involved in the work of each of these clinics, the activities of the Psychological Clinic are more nearly similar to the other clinics covered in this report.

In addition to a Board of Directors of the University of Florida personnel, there is a state-wide Advisory Committee of 17 citizens.

The staff may be considered in two parts. The office serving all clinics consists of the coordinator, administrative assistant, psychiatrist, psychiatric social worker, and a secretary. The Psychological Clinic has three full-time and one one-half time clinical psychologists, four student assistants, and one secretary. By exchanging services for teaching of the staff, other psychologists and students also provide services.

In addition to counselling services to the student population, there was group testing in vocational guidance programs, testing of blind students, consultation with the staff of the Florida Council for the Blind, lectures and demonstrations to nurses' groups, and talks to numerous groups.

* * * * *

The picture presented above of the nine clinics does not indicate their needs. All of the clinics are requesting more personnel to keep abreast of the ever-mounting increase in services requested. Four of the clinics continue to be quite cramped in their working quarters although five of the clinics have enlarged or redecorated their offices during the year. All clinics have expressed a need for a residential service for children who are severely disturbed. None is available in the southeast.

CONFERENCE GROUPS

The operation of clinics is but one form of preventive mental health. Effective mental health is partially a product of any service which

meets people's various needs. What is done in the schools, how police handle offenders, the manner in which parents understand and rear their children, the kinds of religious endeavors supplied by religious institutions, the satisfactions found in industrial and business associations, are all examples of ways in which mental health may be promoted.

Conferences with educators, lay groups, and other professional personnel, have been held. There has been participation in meetings, such as the annual meeting of the Children's Commission, the Florida Congress of Parents and Teachers, the National Rehabilitation Conference, the Florida Association for Mental Health, etc.

AREA CONSULTANTS

Dr. William G. Hollister, Dr. Clair Calhoon, Dr. Curtis Southard, and Mrs. Alice Spillane, have all contributed as consultants in conferences and in the Human Relations Workshops held in Lakeland, Daytona Beach, Ocala, and Pensacola. The State Board of Health has paid transportation expenses for these consultants on several occasions.

MENTAL HEALTH NURSING

Because the professional nurse group is the largest group other than teachers having a close relationship to the child and his family, an effort has been made to give this group prior consideration both in service, in selection of mental health materials, and in service from outside resource persons. During the year, evidence has pointed toward increasing skill in this group in motivating parents to seek help, in interpretation of resources, and in offering emotional support where special services are not readily available. These groups have been seeking new ways of working together with the mental health specialists. The turnover and lack of staff in the latter group has retarded and delayed this important development.

Forty-two visits (exclusive of 4 mental health workshops) were with public health nursing directors and their staffs. Approximately half of these were concerned with in-service study. The remainder were concerned with orientation of new staff, introduction of and planning for use of new teaching materials and methods, and participation in (1) planned courses in nursing, and in (2) organized professional, civic, and community groups.

Review of mental health nursing activities prior to 1953 showed a very limited amount of service to organized professional nursing groups in district associations, hospital services, and schools. An attempt was made to recognize requests for help from these groups

and to initiate activities where none were present. Twenty-one visits involving staff nurses, supervisors, teachers, and students were made.

In March 1953, four Mental Health Workshops were held primarily for nurses, at Daytona Beach, Ocala, Lakeland, and Pensacola. One hundred and twenty-four participants were drawn from 23 counties. Strong support and leadership was given by the nursing supervisors of the County Health Departments in planning, conducting, and following up this experience.

In all of the above activities, the Director of the Division of Public Health Nursing and her staff have given their support, their help in selection and planning, and assistance in evaluating on-going activities.

Services to groups other than professional nurses have continued. The character of requests for help has advanced from information needed on available service resources (clinics and educational materials) to how to develop skill in human relationships. Assistance was given to fifteen separate activity programs. More detailed planning and experimentation is needed in this area if needs which teachers and their administrators see are to be served.

Assistance was given to leadership persons in eight mental health and civic associations in (1) definite long-term goals, (2) utilizing local resource persons and communications media, and (3) selection of local project for support.

In cooperation with the Division of Health Information, mental health educational materials, films, literature, and transcriptions, have been previewed and selected. This aspect of the program has been well received as reflected in the constant overwhelming demand for educational materials.

In summary, this review of 1953 brings to light the fact that focus of activity has been on skills in interpersonal relations (worker's use of himself), and on feeling problems related to morbidity or stress situations. The fact emerges that emphasis has been lacking on *origins of mental health*. If we truly believe that what is essential for mental health is that the infant and young child experience a warm, intimate, and continuous relationship with his parents, then the direction for 1954 should be toward this goal.

DIVISION OF NUTRITION AND DIABETES CONTROL

L. L. PARKS, M.D., Acting Director
MARJORIE M. MORRISON, M.S.,
Chief Nutrition Consultant

Changes in personnel of this division were made and there was also a curtailment of its services due to limited funds. Dr. E. R. Smith, director of the division since July, 1951, resigned September 15, 1953 to become city health officer of Jacksonville. Dr. L. L. Parks became the acting director. Services of three technicians, a secretary, and a health educator were discontinued by the end of the year. This has required the reorganization of the division to keep within the limitations of the personnel available.

There are four nutritionists on the staff. In order to render better service to the regions assigned to them they continue to live in their respective areas; their headquarters are Jacksonville, Tallahassee, Tampa, and Fort Pierce. The area served by each nutritionist ranges from twelve to nineteen counties. This means that from necessity only limited service can be offered.

It is obvious from the surveys and problems that have been found that the Division of Nutrition and Diabetes needs additional personnel to function properly. The principal activities have consisted of surveys both in the field of nutrition and diabetes; consultations, especially nutrition; educational activities; special studies; and insulin distribution. With the limited staff surveys cannot be carried on in the future as they have in the past and more emphasis will have to be placed on educational services.

NUTRITION

Nutrition has been called "the single most important environmental factor affecting America's health." Perhaps this is the reason why nutrition services continued to be requested and why the volume of work continues to increase. One wonders whether in an effort to meet as many requests as possible, the quality of the work will eventually suffer. It is believed that the division has about reached the peak capacity for effective teaching. (A program review by the U. S. Public Health Service in November 1952 recommended employing a minimum of two additional nutritionists.) The following figures for 1953 indicate current trends in service:

Conferences with health department personnel	508
Individual patient instruction	227
Conferences with faculty groups and individual teachers	371
Consultation to institutions	68
Institutes, workshops, and professional meetings	94

Early in the year, after evaluating the work of 1952, general objectives for the year were formulated. The two main ones were: (1) closer cooperation with the entire health department staff (State and county) so there would not be just a program of "nutrition for nurses"; (2) promotion of more nutrition education programs in junior and senior high schools.

In trying to achieve the first objective, more effort was made to reach the sanitarians. Continued cooperation with food handlers' training programs, and joint visits to nursing homes, small hospitals, school lunch departments, and nursery schools resulted in more joint planning for improving food services.

Cooperative studies with several agencies provided some basic information for materials which will be completed in 1954. These included studies on the relation of nutritional adequacy to food cost and food acceptance.

The nutritionists met with several groups of nursing and convalescent home operators. Although the licensure law for this group omitted specific controls over food service, some standards were included in the regulations. An interest in and a need for assistance with food service has been indicated, and it is believed requests for help will continue to increase.

A series of classes on nutrition for the aged was held in St. Petersburg. Sponsored by the Committee on Gerontology, the classes were planned and provided by a nutritionist from the State Board of Health, another from the Dairy Council, and a home economist with the Gulf Power Corporation.

The second major objective, that of emphasizing nutrition education in the junior or senior high schools, was worked on. (Diet records taken from the teenage group revealed that their food habits are poorer than those of the elementary school child, therefore, it was felt this group needed special attention.) More effort was made to get high school faculties to include nutrition in various subject matter areas. For example, during preschool conferences, ways of incorporating nutrition in a general science course were explored with the science teachers. A series of radio programs on foods for the summer months was aimed at meeting the needs of teenagers. Two weight reduction clubs were organized for this group with the regional nutritionists offering guidance.

In relation to the school program as a whole, it should be said that the staff participated in more pre- and post-school conferences than in previous years. Emphasis continues to be placed on working with teachers — individually or in groups — rather than working directly in the classroom.

The nutrition section of a bulletin on teaching health at the elementary level was reviewed for the State Department of Education. Two members of the staff served in a consultant capacity for the materials production workshop sponsored by the State Department of Education and the Florida Citrus Commission.

School lunch activities continue to be an area of cooperation. The School Lunch Division of the State Department of Education sponsored two statewide training programs for school lunch personnel. The nutrition staff assumed the responsibility for nutrition classes at both of these training programs. In addition, the staff participated in three county workshops for school lunch personnel.

The State School Lunch Advisory Committee was reactivated late in 1953. The chief nutritionist was elected chairman of this group. One member of the staff served as a judge for the "Eat More Citrus" contest sponsored by the State school lunch department.

Nutrition classes for parent groups were conducted in several communities. Staff members participated in some Parent-Teacher Workshops, and gave talks at regular Parent-Teacher meetings. In one county, the nutritionist assisted in revising the Parent-Teacher Association's Health Manual.

The nutritionist in Northwest Florida provided limited field experiences in community nutrition for selected students from Florida State University. This was done in cooperation with the Leon County Health Unit, Florida Crippled Children's Commission, and Florida A & M University.

The fact that limited emphasis was put on specific diseases was pointed out as a weakness in our 1952 program review, so this phase of our program received added attention. A nutritionist participated in each of the nine seminars on cardiac disease which were held early in the year.

Many conferences on diets for cardiac disease and on diabetes were held in connection with the in-service education program for health department nurses. Assistance in these two special areas was given to groups of student nurses and practical nurses.

At the request of the Director of the Bureau of Tuberculosis a leaflet on nutrition needs of children with primary tuberculosis was prepared. In one of the tuberculosis hospitals where there is no dietitian meeting the requirements of the American Dietetics Association, a staff nutritionist assisted with the educational program for nurses.

Three leaflets on special diets during pregnancy and a series of

child feeding leaflets were prepared at the request of the nurses. (The child feeding leaflets will be ready for distribution early in 1954.) Also in relation to child feeding, one nutritionist gave some consultant service to the Children's Cardiac Hospital in Miami.

Assistance was given to the State Office of Home Demonstration Work at both the Annual 4-H Short Course and the Senior Home Demonstration Club Short Course. As a result of a lecture on weight control to the latter group, several requests were made by county home demonstration groups for materials on weight reduction.

The Public Assistance Department of the State Welfare Board asked the Division to review and simplify its standards for food budgets. This was done and subsequently, several requests for help on specific diet problems came from this agency.

The staff was represented at many professional meetings at the state, regional, and national levels. The four members of the staff attended a total of 94 professional meetings, workshops, and institutes. Of that number, some staff member actively participated on the program in 78 of them.

DIABETES CONTROL PROGRAM

This section of the division has continued three basic services in diabetes control activity: free insulin for indigent diabetics, educational activities on the complications of diabetes, and diabetes detection by screening surveys.

Insulin distribution. Insulin is distributed to indigent diabetics through the county health departments or their approved clinics. The determination for indigency is left to each health unit. Distribution is done on a quota basis as the demand for insulin exceeds funds available for supply. Each health unit requisitions the type and amount of insulin within their allocation from the central office. This method is being continued to equalize the distribution. Total allocations to the counties for insulin requirements during 1953 were 25,997 vials containing 16,331,200 units at a cost of \$32,909.19. This insulin was distributed among 2462 diabetics. The amount distributed was almost the same as for the previous year, and to practically the same number of diabetics. Every effort is still underway to eliminate even minor discrepancies in the eligibility of those receiving this service.

Educational activities. Educational activities were conducted by the Division for the diabetic, the physician, and the general public. These activities consisted of publications and group or individual instruction. Publications for the diabetic consist of pamphlets on

self-administration of insulin, self-urine testing, and a monthly bulletin, *Timely Topics*. This bulletin covers subjects of general interest to the diabetic. When ordered through the diabetic's physician, a booklet, "Meal Planning with Exchange Lists," prepared by the American Diabetes Association, American Dietetics Association, and the U. S. Public Health Service is available.

Monthly distribution of "Timely Topics" for Diabetics:	
Number distributed to diabetics	2,640
Number distributed to doctors in Florida	321
Number distributed to public health nurses in Florida	324
Miscellaneous distribution and requests for extra copies	437
Total distributed --- 3,722	

In cooperation with the University of Florida Postgraduate School of Medicine, the State Board of Health, for the past several years, has assisted in the sponsoring of diabetes seminars for the practicing physician. As a natural outgrowth of this activity, the physicians who have attended decided that an organization of those interested in the diagnosis and treatment of diabetes would be mutually advantageous. In April, 1953, the first annual meeting of the Florida Clinical Diabetes Association was held in St. Petersburg. Forty-five Florida physicians formed the initial roll of this association. Dr. E. R. Smith, the director of the division at that time, was elected secretary-treasurer. Guest speakers at this meeting were two of the nation's outstanding authorities on diabetes: Dr. Howard F. Root, Associate in Medicine, Harvard Medical School; Staff member, New England Deaconess Hospital, Boston, Massachusetts, and Dr. Franklin B. Peck, Director, Medical Division, The Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, Indiana. In addition, two of the Society members gave papers on problems of diabetics residing in Florida. For a young Society, the future is promising and the second annual meeting will be held in Orlando in the early fall of 1954.

For the medical profession the "Diabetes Guide Book for the Physician", and the "Meal Planning with Exchange Lists with Diets 1 through 6", were distributed.

Diabetes Detection. This activity continued as a major function of the division through December 5, 1953. During the year diabetes detection surveys were made in 20 counties, and the total number tested was 27,768. Of this number 155 were suspected diabetics, and 518 were previously known diabetics. Those suspected of having diabetes were referred to the physician of their choice for further study. (For screening procedure, see 1952 Annual Report).

On December 5, diabetes screening as a state program was suspended due to budgetary restrictions. At that time there were many

requests for surveys which could not be filled before the date of termination, consequently, it is hoped that this program can be resumed in the not too distant future. It is noted that diabetes was among the ten leading causes of death in Florida in 1953.

From the beginning of the diabetes detection program in October 1949 a total of 109,292 tests were made which resulted in the detection of 1260 diabetic suspects, a large percentage of whom have already had a diagnosis of diabetes made by their physician. This represents surveys in 46 counties since the inception of the program, and return visits to 18 counties. Findings of the over-all survey have indicated that diabetes is a prominent disease in Florida, and that there are several thousand individuals who have this condition without their knowledge. This group would be greatly benefited by detection and proper medical management.

HOOKWORM AND ANEMIA

In 1953 the investigation of the problem of hookworm infestation and the presence of anemia among the school population was continued as in 1952. (The screening procedure for anemia and hookworm detection is described in the 1952 Annual Report).

TABLE 43
FINDINGS OF HELMINTH DETECTION PROGRAM—1953

FINDINGS	Number	Per Cent
Persons Tested.....	8,724	100.0
Negative.....	5,970	68.4
Positive for Parasites.....	2,644	30.3
Hookworm.....	2,397	27.4
Ascaris.....	175	2.0
Trichuris.....	12	0.1
Enterobius.....	123	1.4
Hymenolepis nana.....	4	*0.0
Unsatisfactory Test.....	110	1.3

* 0.0 denotes less than 0.05 per cent.

Since this program was begun on June 1, 1951, surveys have been made in 23 counties and return visits to two counties; 22,816 individuals were tested, indicating that 7,034 individuals, or 30.8 per cent were found to have hookworm infestation. These figures prove that hookworm infestation is still a major problem in Florida.

It is interesting to note that the number of cases of hookworm reported was only 4,206 for the year, whereas a total of 14,307 specimens submitted to the laboratories of the State Board of Health were found positive for hookworm. (For detailed figures see the report of the Bureau of Laboratories elsewhere in this volume). The

TABLE 44
RESULTS OF ANEMIA SCREENING PROGRAM
8,724 Elementary School Children, Single Examination

GRAMS %	SCREENED AT 11.5 GRAMS %	
	Number	Per Cent
Total Children Tested.....	8,724	100.
Over 11.5.....	8,230	94.0
11.1-11.5.....	180	2.1
10.1-11.0.....	187	2.1
9.1-10.0.....	69	0.8
8.1-9.0.....	32	0.3
7.1-8.0.....	13	0.1
6.1-7.0.....	9	0.1
5.1-6.0.....	1	*0.0
4.1-5.0.....	3	*0.0

* 0.0 denotes less than 0.05 per cent.

difference in the number of cases of hookworm *reported* and the number of positive stools for hookworm is due to the under-reporting of hookworm as a case and many stool examinations are repeat examinations after treatment.

The surveys for hookworm and anemia closed concurrently with the diabetes detection program. Many requests for surveys could not be filled before the termination date.

Because of curtailment of laboratory personnel, it is now the policy that mass surveys for hookworm shall not be started until arrangements are made with the laboratory. The purpose of a mass survey should not be limited to treating children with hookworm. There should be a home follow-up program which includes many aspects of sanitation, especially the building of pit privies, septic tanks, or sewer connections.

BUREAU OF DENTAL HEALTH

FLOYD H. DeCAMP, D.D.S., Director

During the year greater emphasis than ever before was placed on educating the public as to the importance of preventive measures in the control of dental disease. Hand in hand with this aim was that of stimulating the interest of local communities to their responsibility in striving for and maintaining dental health.

FLUORIDATION

The endorsement of fluoridation by the National and the Florida Junior Chamber of Commerce and the recommendation of the Florida Congress of Parents and Teachers were all helpful to the adoption of this program in those communities where it is needed. Much favorable publicity by newspapers, national, state, and local publications, as well as radio discussions, has added to the progress of this scientific and progressive step in the control of dental caries in Florida.

TOPICAL FLUORIDE UNIT

The topical Fluoride Demonstration Unit, under joint financial support of the State Board of Health and the U. S. Public Health Service, completed its fifth year of operation in the state. In 1953, the unit served five counties and thirteen schools, giving 4,236 children the fluoride applications. Most of these children received the second series of treatments, but in two of the schools the children were treated for the first time. The operation of this joint program was discontinued the latter part of November because of lack of funds; however, citizens are asking their local health departments to continue this measure until such time as fluoridation of water supplies is initiated.

LOCAL HEALTH DEPARTMENT SODIUM FLUORIDE PROJECT

The topical fluoride program for underprivileged school children established in Hillsborough County in 1950 continued in operation, giving a total number of 1118 children in thirty-five schools the complete four-treatment series. The program was in effect during the entire school year.

MOBILE DENTAL UNIT

The mobile dental clinic program continued to operate on a cooperative basis through July 22, when the dentist in charge re-

signed to enter private practice. With only one unit it was impossible to supply the demands for this service for at least five or six units would be needed and then all the schools and communities could not be serviced in any one school year.

The service is for pre-school and elementary under-privileged children and it is given only in those communities where there are no dentists or very few dentists. The program is always conducted with the approval of the State Dental Society and local dentists. For the few months it was in operation nineteen schools in eight counties received the benefit of this program. A total of 3500 corrections were made. These consisted of alloy fillings in deciduous teeth, 1029, and 857 deciduous teeth extracted; in permanent teeth, 1186 alloy fillings and 128 extractions; in addition there were 300 miscellaneous treatments given.

COUNTY HEALTH DEPARTMENT DENTAL CORRECTIVE CLINICS

Hillsborough County Health Department increased its dental personnel from two to four dentists — one full-time and three part-time — and made a most commendable record in 1953. Shortage of licensed Florida dentists prevented Jackson County from continuing its program during the entire year. This shortage of professional dental personnel is handicapping the already established clinics from expansion, as well as preventing the initiation of new dental clinics throughout the state. Seven counties: Hillsborough, Dade, Duval, Jackson, Orange, Pinellas, and Palm Beach maintained full- or part-time dental programs. From the six counties reporting to this office, 6,774 children received a total of 30,993 dental corrections, and a total of 51,975 inspections were made. The corrections included 10,302 fillings, 9,683 extractions, and 10,304 miscellaneous treatments. The dentists in charge of the clinics gave valuable service in dental health education by distribution of literature, talks to school children, and civic groups, showing of films, and making radio addresses.

DENTAL HEALTH EDUCATION

Recognizing the relationship of dental health to general health and the need for better dental health instruction for children, parents, and teachers, the Bureau's educational facilities and activities were expanded and intensified. More emphasis was placed on teaching oral health to teachers in training and in service. Special lectures by staff members of this Bureau were given at Florida State University.

In-service teacher training reached an all time high in number of schools served and in attendance. Ten teachers' work shops were held in six counties with a total attendance of slightly over 1,000 teachers.

During these full-day discussions on dental health at each of these centers, materials, teaching devices, audio-visual aids, radio transcriptions, and many phases of public health dentistry were discussed. Local dentists, school officials, and parent-teacher groups assisted with and participated in these workshops. At each of the meetings, major emphasis was placed on the display of educational materials and modern teaching aids which were exhibited by this Bureau. Teachers were given time to evaluate and order materials suitable for their teaching needs.

The dental health educator visited forty-one schools in seventeen counties, making 311 classroom talks to approximately 12,531 elementary school children and holding forty-one meetings with 813 teachers. In addition, films and film strips were shown and radio transcriptions played to an estimated total of 18,050 persons. Follow-up visits were made to many of the counties. This Bureau placed 134 teacher packets in various schools and school libraries throughout the State and distributed 40,853 pieces of dental health literature.

DENTAL EXAMINATIONS

A pilot study of the effect of orange concentrate on Florida school children was undertaken by this Bureau early in 1953, with the cooperation of the Educational Advisory Committee of the Florida Citrus Commission. In all, 1,609 children in eight schools in four counties were examined for evidence of vitamin C deficiency. The condition of the lips and gums were noted on specially prepared forms, which included a record of the degree of severity of gingivitis, if present.

The observations *before* the supplementary feeding with orange concentrate were as follows: Of 1,008 children examined by the director of this Bureau 658 (53.3 per cent) were considered to have gingivitis and in 98 (9.7 per cent) this was severe. Spongy and/or bleeding gums were noted in 311 children. Furthermore, minor abnormalities of the lips indicating vitamin deficiency were seen in 120 children. In 2 additional schools the pupils were examined by an assistant dentist in the Bureau, and 64 of 201 were found to have gingivitis. The dentist in Palm Beach County Health Department examined 400 children in two schools and of these 225 were considered to have signs indicative of vitamin C deficiency. Thus, in all areas the recent findings were in line with previous observation

of school children in these areas. In 1947, Dr. Walter Wilkins, then Director of the Division of Nutrition of the State Board of Health, commented, "One of the amazing indications that came to light was the apparent deficiency of vitamin C in Florida school children."

All children in schools under observation received 5 ounces of orange juice daily. Those with marked abnormality received 10 ounces. This was continued for periods of 9 and 10 weeks; after which, follow-up examinations were performed.

All available children in 4 schools were re-examined by the director of the Bureau. In general there was marked improvement in children with prominent signs of vitamin C deficiency. The prevalence of severe gingivitis dropped from 9.7 per cent to 4.8 per cent and that of moderate gingivitis from 25.2 per cent to 18.2 per cent. Spongy gums declined from 17.2 per cent to 6.2 per cent and those bleeding easily from 13.7 per cent to 5.6 per cent. Furthermore, on the initial examination 9.3 per cent of the children had evidence of chelitis. On re-examination there was no evidence of this condition. In the other four schools, re-examination was limited to children with the more marked signs suggesting vitamin C deficiency, all receiving 10 ounces of orange juice daily. Both of the examining dentists observed substantial improvement. Insofar as one can judge from limited data recorded, the result was predominantly to control the more prominent signs of vitamin C deficiency. The evidence of marked gingivitis, for example, was reduced substantially.

Thus, in this pilot study each of the three observers noted significant improvement. The data are admittedly preliminary and incomplete. Secure conclusions would require chemical examination of blood before and after treatment. Furthermore, to assure scientific validity of data, adequate control groups would need to be followed and the examiners should work under conditions in which any bias would be reduced to a minimum. However, these preliminary studies do provide a secure basis for an opinion that orange concentrate given to school children has a measurable beneficial effect. The findings warrant the recommendation that studies to gradually accumulate scientifically valid information be undertaken.

THE GAINESVILLE STUDY

In the second half of the year, the U. S. Department of Health, Education and Welfare, through the Public Health Service, expressed its desire to conduct a scientific dental study in Florida to secure needed data on the effect of fluorides added to communal water supplies. Gainesville was selected for the project. The State Board of Health and the Alachua County Dental Society gave prompt

approval to the program as outlined by the Division of Dental Public Health, Public Health Service. The benefits to be derived from this program are far-reaching and the preliminary stage was completed late in December of this year. By mid-January, 1954, the study will be in full operation.

EXHIBITS

The Bureau of Dental Health was invited, and accepted the invitation of the Florida State Dental Society, to exhibit dental educational materials at the annual meeting of the society in the spring of 1953. The exhibit booth, furnished without cost by the society, was very popular and the dentists throughout the state expressed much interest in the exhibit. Plans are underway for a similar display at the April 1954 meeting of the Florida State Dental Society.

In the latter three months of 1953, the final plans were drawn for the cooperative free dental X-ray program and educational exhibit at the annual Fair to be held in Tampa in February 1954.

BUREAU OF ENTOMOLOGY**J. A. MULRENNAN, B.S.A., Director**

The calendar year of 1953 saw the greatest milestone to have ever been reached by the State in controlling mosquitoes and other arthropods of public health importance.

The State Board of Health recommended to the Legislature that a law be enacted which would provide funds directly to mosquito control districts and counties based on 75 per cent State funds to every dollar made available by the district or county for arthropod control; the State funds under the law to be used exclusively for eliminative measures, such as sanitary land fills, filling, draining, purchase and maintenance of equipment and hiring personnel.

The Legislature appropriated a total of \$1,250,000.00 for permanent control work and they made available \$250,000.00 to be utilized by the State Board of Health in administering the law, giving technical assistance and for the purpose of constructing, maintenance and operation of an arthropod research laboratory. The \$350,000.00 for temporary control was also made available by the Legislature as it has been since 1949.

The Board also created a Bureau of Entomology to administer all of the arthropod and pest control laws.

STRUCTURAL PEST CONTROL

During the past year, the pest control industry has cooperated in the enforcement of the Florida Structural Pest Control Law, the Thermal-Aerosol Law and the Rules and Regulations pertaining to these laws. There were, however, several rules which were being violated. The two most important violations were vehicles bearing no certificate numbers, and persons soliciting work without an identification card.

Investigations

As in previous years, various complaints have been received from homeowners throughout the State. The number of complaints showed a slight increase of from 35 in 1952 to 49 in 1953. A majority of the complaints were against termite control firms which did not live up to their written contracts. These complaints were all investigated and proper adjustments made.

Five uncertified individuals were warned to cease illegal pest

control work or have legal action taken against them. One uncertified individual was arrested during the year for illegally performing termite control work. He was brought to trial, found guilty and paid a fine of fifty dollars. This Bureau is now looking for five individuals who have done illegal work in the State.

Two certified operators were cited before the Structural Pest Control Board, one for not returning and taking care of a legitimate complaint, and changing the address of his firm without notifying his contract holders or the Florida State Board of Health. The second individual changed his address without notifying the contract holders or the Florida State Board of Health. Both of these individuals had their certificates revoked.

Registrations

Registrations of structural pest control firms showed a slight increase during the past year as compared with those of 1952.

	1952	1953
State Board of Health Licenses Issued	173	184
Employees Identification Cards Issued	671	789
Thermal-Aerosol Certificates of Authorization Issued	3	3
Thermal-Aerosol Certificates of Authorization Renewals	19	18

LABORATORY ACTIVITIES

The entomological laboratory, continuing to render state-wide service in the identification of arthropods, identified 3,729,632 adult and larval forms of mosquitoes during the year.

In conjunction with murine typhus surveillance in three counties, 741 fleas and 933 other ectoparasites were identified from 159 domestic rats. In addition, the laboratory has continued to accommodate physicians and other individuals who have sent in various insects requesting identification and recommendations for control.

The semi-weekly operation of 76 mosquito light traps in 32 counties continued to provide valuable information on the mosquito fauna in the State.

A broadened light trapping program is planned for initiation early in 1954 which will supply more desirable information on seasonal and year-to-year populations of various mosquito species in specific areas of the State and which will give a more accurate indication of mosquito populations on a state-wide basis.

ARTHROPOD RESEARCH

After the 1953 Florida Legislature had passed a bill containing an appropriation for the construction of a research center, the efforts

of the research section were largely devoted to getting on paper the type of organization called for by the research needs and the type of building required by such an organization. Also incident to establishing the new research center were the following tasks performed in 1953: (1) delineating library needs, purchasing books, subscribing to journals, and working up a new card index for all library items, (2) establishing supply needs and, after extensive correspondence with manufacturers, building up an indexed file covering materials and equipment for ready use in purchasing, (3) making a tour of laboratories in other states and in Washington, D. C., to discuss research problems with outstanding scientists, to examine other laboratory centers, and to contact equipment manufacturers, and finally (4) constructing a scale model of a laboratory room for analysis of dimension and arrangement problems.

The year saw the end of the intensive field studies of *Aedes taeniorhynchus* on Sanibel Island. A mimeographed report was issued covering the findings of a four-year study of the water levels in the breeding areas of this island. The mosquito behavior studies were climaxed by a series of observations of mass feeding on nectars and honeydews by salt-marsh mosquitoes. Such feeding on carbohydrate foods by both sexes had been anticipated (cf. Annual Report 1951) but never observed until this year.

The research section was saddened in October by the death of one of its able workers, Astrid Tetens Nielsen. To all who had worked with her or merely known her, the loss of Mrs. Nielsen was a shock. Her wonderful enthusiasm and her perennial kindness will long be missed.

In the course of the year, three technical papers were published, several special reports were issued in mimeograph form, and several additional manuscripts were prepared for publication.

MALARIA CONTROL

A total of 19 cases were reported for the year 1953. This was a marked reduction from the 1952 figure.

Eighteen of the nineteen cases were reported from military personnel and did not originate in the State. One case was reported in Palm Beach County. The patient was a girl, eight years of age. However, evidence was not available to this office for verification.

ARTHROPOD CONTROL

Greater emphasis is now being placed on permanent control measures. At the present time under the new arthropod control law,

the State is able to match on a 75 per cent basis, the amount of approved local budgets for arthropod control activities. The matching funds are to be used only for control work of a permanent nature.

Following is listed the local budgets of districts and counties which are participating in the funds under this new law. These budgets are based on the fiscal year of the local control agency.

TABLE 53
LOCAL APPROPRIATIONS OF MOSQUITO DISTRICTS AND
COUNTIES FOR ARTHROPOD CONTROL

Alachua County Mosquito Control	\$ 25,000.00
Bay County Mosquito Control	16,000.00
Bay County (Panama City Beach Mosquito District)	12,063.09
Brevard County Mosquito District	208,649.00
Broward County Anti-Mosquito District	35,000.00
Charlotte County (Punta Gorda) Mosquito Control	4,000.00
Citrus County Mosquito District	11,400.00
Collier County (City of Naples) Mosquito District	15,000.00
Dade County Anti-Mosquito District	99,800.00
Dixie County Mosquito Control	4,706.00
Duval County (East) Mosquito District	24,694.95
Escambia County Mosquito Control	129,800.00
Flagler County (East) Mosquito District	3,932.00
Franklin County Mosquito Control	7,500.00
Gulf County Mosquito Control	7,500.00
Hillsborough County Mosquito Control	62,000.00
Indian River County Mosquito Control District	119,614.28
Lake County Mosquito Control	24,655.00
Lee County (Boca Grande) Mosquito District	5,578.59
Lee County (Ft. Myers Beach) Mosquito District	11,614.10
Lee County (City of Ft. Myers) Mosquito District	47,405.02
Levy County Mosquito Control	5,200.00
Manatee County Mosquito District	24,600.00
Martin County Mosquito Control District	20,760.02
Monroe County Mosquito Control District	33,544.79
Nassau County (Amelia Island Mosquito District)	21,932.84
Okaloosa County Mosquito Control	16,576.47
Palm Beach County Mosquito District	95,000.00
Pasco County (West) Mosquito District	12,300.00
Pinellas County Mosquito Control District	50,000.00
St. Johns County (Anastasia Island Mosquito District)	13,732.20
St. Lucie County Sanitary District	38,312.52
Sarasota County Mosquito Control District	45,000.00
Taylor County Mosquito Control	2,000.00
Volusia County Mosquito District	128,170.00
Wakulla County Mosquito Control	8,000.00
Walton County Mosquito Control	1,000.00
TOTAL	\$1,392,040.87

TYPHUS FEVER CONTROL

The number of recorded cases and deaths for the period of 1940-1953 is outlined in the accompanying table.

During 1953, one case was reported from each of 10 counties. Two deaths were reported.

A considerable amount of poisoning activities were carried on throughout the State. A total of 14,632 pounds of bait material was distributed. The principal poison used was warfarin, which was mixed in yellow cornmeal. This material continues to be very effective in reducing the rat population.

Educational efforts continue in the matter of acquainting the public with the health hazards and economic losses brought about by rodents. Information is given in methods of correcting or eliminating conditions which are favorable to the rats' existence. Advice on rat-proofing, garbage disposal, harborage removal, and general sanitation was given.

TABLE 54
RECORDED TYPHUS CASES AND DEATHS FOR THE PERIOD
1940 - 1953

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>
1940	111	15
1941	196	13
1942	313	23
1943	314	21
1944	483	34
1945	370	28
1946	397	17
1947	340	8
1948	166	10
1949	123	3
1950	34	3
1951	20	1
1952	11	0
1953	10	2

BUREAU OF SANITARY ENGINEERING

DAVID B. LEE, M.S., Eng., Director

The activities and accomplishments of this Bureau for the year 1953 will be found on the following pages in narrative and tabular form, broken down under the various sections which the Bureau maintains.

Public Water Supply and Treatment

JOHN B. MILLER, B.S., M.P.H.

NEW AND PROPOSED CONSTRUCTION

Reference to Table 45 herein shows a listing of public water supply projects for which plans and specifications were reviewed and approved during the year. There are listed a total of 153 of these projects, including new water purification plants, pumping plants and stations, additions and alterations to existing plants, water distribution systems and extensions of existing systems. This total number of projects represents an increase of seven per cent over the number of such projects for which plans were approved by the department during the previous year. Consistent with the continued upward trend of activity in this field is the dollar volume of the projects. The estimated cost total of over \$19,702,800.00 is about a forty-one per cent increase in the estimated cost of such projects approved in the year before.

Expansion, alteration, extension of existing systems, and new plants for municipalities comprised most of the total number of projects approved. In realty subdivisions, however, where municipal systems were not extended, the developers had to undertake water supply features; and the water works for such subdivisions represented thirty-four per cent of the total number approved. This percentage continued in the same pattern as for the previous three years, though even slightly higher than for 1952. It was necessary for a number of these subdivision water plants to have aeration and detention reservoirs or coagulation and filtration facilities in the designs.

Activity in the water supply field in 1953 included completion or placing in service new water plants or major additions at Arlington, Arlington Manor (Duval County), Casablanca (Santa Rosa County), Cocoa, Highlands (Duval County), Hobe Sound, Leisure City (Dade County), Mexico Beach (Bay County), Mt. Dora, Plymouth (Lake County), Ranchero Homesites (Dade County), St. Augustine.

TABLE 45
PUBLIC WATER SUPPLY PROJECTS APPROVED — 1953

Municipality	Project	Estimated Cost
Airport S/D (Rural) (Manatee Co.)	Addition to existing water system _____ \$	6,000.00
Arlington (Arlington Community Club)	Additional water supply facilities _____	52,600.00**
Bayard (Ponce de Leon Raceway)	New water distribution system	21,000.00**
Boca Raton	Rehabilitation of pumping station facilities _____	1,500.00
Boca Raton (between Delray Beach and Boca Raton)	Extension of water system outside city limits of Boca Raton	
Boca Raton (Boca Villas S/D)	Extension to distribution system _____	46,000.00
Boynton Beach (Coquina Cove S/D)	Water main extensions _____	5,900.00
Boynton Beach (Boynton Ridge S/D)	Extension _____	47,000.00
Broward Estates Development (Broward County)	New System _____	35,000.00
Clearwater	Interim project. 4 wells and connecting main _____	27,375.00**
Clearwater (Bayview Bluff S/D)	Water main extension _____	450.00
Clearwater (Betty Lane Hts. S/D)	Water main extension _____	2,595.00
Clearwater (Boylan S/D)	Water main extension _____	827.19
Clearwater (Highlands Pines S/D)	Water main extension _____	2,000.00
Clearwater (McVeigh S/D)	Extension to water system _____	585.00
Clearwater (Monterey Heights, 1st Addition)	Water main extension _____	950.00
Clearwater (Palm Terrace S/D)	Water main extension _____	4,841.00
Cocoa	Alterations _____	4,000.00**
Cocoa	Water treatment plant 10' raw water main _____	100,000.00
Cocoa Beach	Chlorinator _____	2,400.00**
Coral Park S/D (Dade County)	New system _____	300,000.00
Dania	Extension of 6" water line _____	10,000.00**
Daytona Beach	Extension (supply & pumping) _____	51,000.00**
Deerfield Beach (The Cove)	Extension _____	26,000.00
DeFuniak Springs	Extension to water distribution system _____	9,500.00
Delray Beach	Alterations and extensions _____	250,000.00
Delray Beach (Northridge S/D)	Extensions to Delray Beach System _____	12,500.00
Dunedin	Extensions _____	81,196.60*
Eatonville	New system _____	27,500.00
Eau Gallie	Wells, pump and distribution system _____	126,000.00*
Englewood Manor S/D (Palm Beach County)	New system _____	50,000.00
Fernandina Beach	Water main extension _____	167,286.00**
Foley (Buckeye Cellulose Corp.)	Potable water supply _____	17,180.00**

TABLE 45—Continued
PUBLIC WATER SUPPLY PROJECTS APPROVED — 1953

Municipality	Project	Estimated Cost
Forest Hills Correctional Institution (Marion County)	Deep well, pump, pumping station and piping _____	10,000.00
Ft. Lauderdale	Water main extensions _____	568,000.00
Ft. Lauderdale	Water main extension _____ \$	170,000.00
Ft. Lauderdale	Water main extension _____	18,900.00
Ft. Lauderdale	Waterworks extensions _____	1,200,000.00*
Ft. Lauderdale (North Andrews Terrace S/D)	New system _____	35,000.00*
Ft. Lauderdale (North Andrews Terrace S/D)	New system—water treatment plant _____	30,000.00
Ft. Myers	Alteration and extension _____	475,000.00*
Ft. Myers Beach	Alterations and extensions _____	298,000.00*
Ft. Myers Beach (Estero Island Water Co.) (Preliminary)	Alterations and extensions _____	260,000.00
Gainesville (Univ. of Florida)	New fire pump and well installation _____	25,000.00*
Graceville	Extension _____	48,640.00
Green Cove Springs	Water main extension _____	23,000.00**
Gulf Breeze (Casablanca S/D)	Extension to present water distribution system _____	40,000.00
Hialeah	500,000 gallon elevated water storage tank and extension to distribution system _____	300,000.00*
High Ridge Water Company (Broward County)	New system _____	50,000.00*
High Ridge Water Company (Dade County)	Additions to water supply _____	20,000.00
Hobe Sound	Additional wells _____	20,000.00*
Hobe Sound	New service pump _____	10,000.00*
Hollywood	Extension to water plant _____	390,950.00
Hollywood Pines S/D (Broward County)	New water system _____	43,000.00
Jacksonville	New water main extensions _____	55,000.00
Jacksonville	Alterations to existing facilities—new well pumps for River Oaks Pumping Station for Wells Nos. RO-1 to RO-5† _____	*
Jacksonville	Well pump, well pump enclosure and transmission main† _____	*
Jacksonville	Elevated tanks, footings and related facilities† _____	*
Jacksonville (Adolph Wurn's Addition to Embassy Place S/D)	Water main extensions _____	1,000.00**
Jacksonville (Arlingwood S/D)	New water supply facilities _____	40,000.00*
Jacksonville (Arlingwood S/D)	Drilled & cased artesian well, 8" dia., 1,000 ft. deep _____	4,500.00**
Jacksonville (Azalea Terrace S/D)	New system _____	24,888.00
Jacksonville (Brookview S/D)	Drilled and cased well _____ \$	4,500.00**
Jacksonville (Brookview S/D)	New water supply facilities _____	35,500.00*

† Part of \$5,000,000.00 expansion program approved February 28, 1947.

TABLE 45—Continued
PUBLIC WATER SUPPLY PROJECTS APPROVED — 1953

Municipality	Project	Estimated Cost
Jacksonville (Cedar Park S/D)	Extension of Cedar Forest to Cedar Park S/D	1,500.00**
Jacksonville (Cedar River Forest S/D)	New system	10,000.00
Jacksonville (Cedar Shores S/D)	Water distribution system extension	7,080.00
Jacksonville (Country Club)	New water supply system	15,000.00
Jacksonville (Drive-In Theatre)	New water system	4,500.00
Jacksonville (Edenfield Terrace and Kimbrell Pines)	Alteration and extensions	2,700.00
Jacksonville (Forrest Brook S/D)	New water supply facilities	22,900.00*
Jacksonville (Forrest Brook S/D)	Water distribution system extension	9,750.00*
Jacksonville (Hecksher Drive Estates S/D)	New water supply facilities	30,891.75
Jacksonville (Highlands S/D)	Water distribution system to serve Unit No. 2	7,650.00**
Jacksonville (Highlands S/D)	New water supply facilities	18,735.00**
Jacksonville (Highlands S/D)	Additional water supply facilities—Unit No. 4	31,900.00*
Jacksonville (Highlands S/D)	Additional water supply facilities—Units 4-A and 5	56,354.75**
Jacksonville (Highlands S/D, Unit No. 3)	Water distribution system extension	4,300.00*
Jacksonville (Hogan Heights S/D)	New system	95,000.00**
Jacksonville (Lake Forest Hills S/D)	Water extensions to serve Units No. 3 and No. 4	17,100.00*
Jacksonville (Lake Forest Hills Water system)	Installation of Aubrey Street Extension	1,500.00**
Jacksonville (Lake Lucina S/D)	Water distribution system extensions	23,100.00*
Jacksonville (Naval Villa Park S/D)	New water supply facilities	28,300.00
Jacksonville (Oakridge Water Co.—Cedar Shores S/D)	Ground storage reservoir—22,500 gallon capacity	6,000.00*
Jacksonville (Ribault Hills S/D)	Additional water supply facilities	32,800.00
Jacksonville (Riverwood Park S/D)	Ground storage reservoir, aerator and related facilities	10,000.00
Jacksonville (Seabrook Manor S/D)	New distribution system	13,100.00**
Jacksonville (San Marie S/D)	Extension of Lakewood system	3,250.00**
Jacksonville (School No. 82)	New system	2,000.00
Jacksonville (School No. 83)	New system	2,000.00
Jacksonville (Southside Estates—Unit 26)	Water distribution system extension	8,500.00
Jacksonville (Thompson's Riverview & Environs)	Additional water treatment facilities	8,000.00*

TABLE 45—Continued
PUBLIC WATER SUPPLY PROJECTS APPROVED — 1953

Municipality	Project	Estimated Cost
Jacksonville (Tidewater Ranch and Tidewater Harbor S/D)	Extension of water works	10,000.00*
Jacksonville (Tidewater Ranch S/D, Tidewater Harbor S/D, Hallock's S/D, & Replat Oakwood Villa)	Alteration and extension	5,000.00*
Jacksonville (Venetia Terrace S/D)	Additional water supply facilities	18,900.00
Lake Worth	Extension	
Lake Worth (Lake Shore Villas S/D)	Extension to distribution system	10,000.00
Longwood S/D (Okaloosa County)	Extension of existing water system and supply	17,000.00
Lynn Haven	Deep well and extension	6,000.00*
Madison	Expansion of distribution system	150,000.00**
Marianna	6" water main extension	11,255.00**
Marianna	6" water main extension	15,800.00**
Melbourne	Water treatment plant improvements	50,000.00*
Mexico Beach	New water works and system	105,000.00**
Miami	Wells, supply mains and distribution mains	2,400,000.00*
Miami (Tropical Highlands S/D)	New water supply and distribution system	35,000.00
Miami	Distribution system extension	26,000.00
Miami (Carole Helms Manor S/D)	Distribution extension to project	19,000.00**
Miami (Leisure City S/D)	Water main extension	67,672.00**
Miami (Norwood S/D)	New system	300,000.00*
Miami (Rich Heights S/D)	Water distribution extension	25,000.00*
Miami (Sierra S/D)	Extension service	70,000.00*
Miami (Stockade)	New system	140,000.00
Moore Haven	Replacement of existing mains to colored section	7,384.00
Myrtle Grove S/D (Dade County)	New water system	150,000.00
Naples	Water main extension	35,000.00
North Miami Beach	Alterations and extensions	850,000.00*
North Miami Beach (Bunche Park S/D)	Water distribution system extension	75,500.00*
North Miami Beach (Golden Highlands Estates S/D)	Extension to system	56,865.00*
North Miami Beach (Greynolds Park section of Sun Ray Homes S/D)	Water distribution system extension	17,900.00*
North Miami Beach (Lynwood Park S/D)	Extensions to system	40,000.00*
North Miami Beach (Pine Tree Park S/D)	Extension to system	67,210.00*

TABLE 45—Continued
PUBLIC WATER SUPPLY PROJECTS APPROVED — 1953

Municipality	Project	Estimated Cost
North Miami Beach (Panuleta Gardens S/D)	Water distribution system — \$	28,000.00*
Oakland Park	Iron removal filter, silicate feeder and auxiliaries —	16,000.00*
Oakland Park (Floranada Ridge S/D)	Extension of water lines —	37,056.24
Oakland Park (North Andrews Gardens S/D)	Water line extension and distribution system —	64,662.41
Oakridge Estates (South Dade County)	New system —	43,760.00*
Opa-Locka	500,000 gallon concrete surface storage tank —	28,932.00
Orlando	Alteration and extension —	480,000.00*
Orlando	New system —	21,000.00*
Orlando (Pine Hills S/D)	16" water main extension —	190,000.00*
Ormond Beach	Alteration and extension —	60,000.00
Ormond Beach (Bellemead S/D)	Extension of city-owned system by developer —	15,000.00
Pahokee	Alteration of sedimentation tank —	7,200.00
Panama City	New standby deep well supply and appurtenances —	21,000.00**
Pensacola	New well and pump house —	75,000.00
Pensacola (Santa Rosa Island Authority)	Extension —	5,000.00
Perry	Addition to water treatment plant —	75,000.00
Pinellas County Water System	Water system improvements —	1,000,000.00*
Plymouth	Alteration —	18,000.00
Plymouth (Plymouth Dells S/D)	New system —	6,460.00
Ranchero Homesites (Dade County)	New system —	30,000.00**
Riviera Beach	Extensions to system —	20,000.00
Sebring (Sebring Shores Development)	Extension of City of Sebring system —	10,000.00
South Coral Gables Homes	New water supply and distribution system —	28,820.00
St. Petersburg	Extensions and alterations to water plant —	2,470,000.00*
Tampa	Water filtration plant additions —	960,000.00*
Tampa	1.5 million gallon elevated tank —	270,000.00*
Tampa	Water distribution system additions —	1,780,000.00*
Titusville	Alterations and extensions —	88,000.00
Warrington	New 800,000 gallon ground storage tank and high lift —	40,000.00
West Palm Beach (Golfview Heights S/D)	Extensions to system —	170,000.00
Winter Haven	Water main extensions, additional supply and storage —	700,000.00*
Yulee (Trinity Bag Plant)	New water supply and distribution system —	35,000.00

TABLE 45—Continued
PUBLIC WATER SUPPLY PROJECTS APPROVED — 1953

Municipality	Project	Estimated Cost
Zephyrhills	New well, pumping station, alterations and additions —	75,000.00**
		\$19,749,278.75

* Under Construction
** Completed

Fluoridation of the public water supplies was continued at Clewiston, Gainesville, Miami and Naples. In the latter city (Naples) fluoridation was practiced for only approximately the first half of the year; it was then discontinued pending further consideration of the matter by the community.

WATER SYSTEM OPERATION

Sanitary supervision of operation of public water service facilities was continued within limits possible for personnel available for the purpose. Central office personnel, as well as the field engineers in regions and in counties to some degree, have carried out this phase of activity. It seems important to emphasize the need for more nearly routine control which is accumulating as a problem because of the many new water systems at subdivisions and other locations. Of considerable benefit in water works operation are the in-service operator training courses reported later herein.

PUBLIC SWIMMING POOLS

The construction of public swimming pools in the state has continued during the year at a rapid rate. Table 46 shows a list of the swimming pool projects for which plans and specifications were approved, totaling 151 in number. This is an increase of six per cent over the previous year. The projects approved represent an estimated cost total of over \$3,233,800.00, or an increase in dollar volume of thirty-two per cent over the year 1952.

Estimated cost, on average basis, of new pool work as represented by the approved plans and specifications was \$21,000.00 for 1953. If four large pools in Miami area, each of which has estimated cost of well over \$100,000.00, and a large municipal pool at St. Petersburg and another pool for new Y.M.C.A. at Jacksonville were not included in the estimates, the average per pool would be only \$17,100.00. This is more nearly in line with averages for recent years (\$16,900.00 for 1952 and \$16,750 for 1951), a trend reflecting extensive con-

TABLE 46

PERMITS ISSUED FOR SWIMMING POOLS, NATURAL BATHING PLACES, BOTTLED WATER PLANTS, AND DRAINAGE WELLS: PLANS APPROVED FOR PROPOSED PUBLIC SWIMMING POOLS, BY COUNTIES, 1953

COUNTY	PERMITS ISSUED				PLANS APPROVED FOR PROPOSED PUBLIC SWIMMING POOLS	
	Swimming Pools	Natural Bathing Places	Bottled Water Plants	Drainage Wells	Number	Estimated Cost
STATE.....	450	42	31	372	151*	\$3,233,803
Alachua.....	3	2	1			
Baker.....		1	1		1	10,000
Bay.....	5					
Brevard.....	57	2	1	32	40*	382,900
Broward.....	1					
Citrus.....	1	8				
Clay.....	1					
Collier.....	2					
Columbia.....	268	1	3	298	73	1,950,650
Dade.....	12				4	147,000
De Soto.....			1			
Duval.....		1				
Escambia.....		1				
Franklin.....		1				
Hamilton.....						
Hendry.....	1				1	20,000
Highlands.....	1	1		15	3	123,000
Hillsborough.....	2	3	1		1	8,000
Indian River.....	1					
Jackson.....	1			1		
Jefferson.....						
Lake.....	4		1	1	1	18,000
Lee.....	1					
Leon.....	4	3				
Liberty.....		2				
Manatee.....			1			
Marion.....	1	2		1		
Martin.....	3	1	1			
Monroe.....	2				1	50,000
Nassau.....		1				
Orange.....	3	1	1	4	1	10,000
Palm Beach.....	34	1	4	4	10*	172,000
Pinellas.....	8	2	2	11	7	211,000
Polk.....	4	3	1		1	30,000
Putnam.....	1			1	1	20,000
St. Johns.....	4					
St. Lucie.....	5		1		1	20,000
Sarasota.....	4		2	1	3	39,469
Seminole.....	4	4	1		1	1,784
Taylor.....	1		1	1		
Volusia.....	10		1	2	1	20,000
Wakulla.....		1				
Washington.....	1					
Out-of-State.....			5			

* Includes 2 from Broward and 1 from Palm Beach County with estimated cost unstated.

struction of small pool installations at motels, trailer parks, apartment houses and motor courts.

Operation permits for public pools in 1953 reached a total of 450 (see Table 46). To those permits which continued in force by virtue of compliance during the year with sanitary standards, 97 new permits were added. New pools permitted closely approximates the number of new permits issued in the year before, representing a twenty-seven per cent increase. Most of the new pool construction, and hence the pools in operation (80 per cent), continue to be in lower east coast counties. Fifty-nine per cent were in Dade County, with thirty-seven per cent of the permitted pools in the entire state being at Miami Beach.

Closely related to swimming pool operation and its improvement is the in-service training program carried out in conjunction with the Florida Swimming Pool Operators Association, University of Miami, and the Dade County Health Department in the Miami area. A feature of this is the voluntary plan of operator certification (based on appropriate qualifications including successful completion of written examinations), which was inaugurated in 1953. Further development of the short courses and certification program for pool operators shows promise of good results.

NATURAL BATHING PLACES

With the revoking of two permits for bathing places and issuing two new permits during the year, the number of natural bathing places under valid permits at the end of the year stood the same as for 1952. In Table 46 may be seen the geographical location (by counties) of the total forty-two swimming and bathing places on lakes, streams, etc., coming under sanitary control, including two new places in Polk County.

Whenever application for a permit is received, a sanitary survey of the site is made. If found satisfactory, or it appears the place can be brought up to standard requirements, the waters which are proposed for recreational purposes are given bacteriological examination. When a permit is issued it continues valid so long as the place complies with standards.

PUBLIC WATER SUPPLY WELLS

There were a total of 147 permits issued for construction of water supply wells for public use during the year. These wells are for systems operated by utilities, municipalities and outlying trailer parks, motels, schools and institutions. A decrease in number of

permits issued is seen as compared with the previous year, although the volume of this activity continues at relatively high level.

BOTTLED WATER PLANTS

Thirty-one bottled drinking water establishments were under permit in the state at the close of the year, including five such establishments or firms located out-of-state (see Table 46). Permits were issued to three new water bottling plants or to plants with new ownership during the year. Six permits were cancelled because of such reasons as discontinuing bottling, out of business and ownership change; resulting in a slight net reduction of total number of permitted bottlers of water for drinking purposes.

As concerns the out-of-state water bottling firms which sell or distribute bottled drinking water in Florida, reliance is placed on the respective state health departments, where the plants are located, to perform inspections and laboratory work and forward reports on each bottling plant.

COMMON CARRIER WATER SUPPLY AND WATERING POINT SANITATION

In 1953 the program for sanitary control of water supplies for and the placing of water aboard common carriers in inter-state commerce was continued as a cooperative agreement with the United States Public Health Service. This activity involves railway trains, vessels and aircraft; and it pertains to potable water for the public and employees travelling and employed on the carriers. Public Health Service Drinking Water Standards serve as a guide with respect to review of laboratory results and in performing pertinent field work.

Two aspects of sanitary control are involved in this program: (1) The water supplies at the source and their treatment plants and (2) the methods and facilities used at the watering points in placing the potable water aboard carriers. Appropriate recommendations for certification or prohibition were made to the Atlanta regional office of the Public Health Service for further action by that agency.

EDUCATIONAL AND PROFESSIONAL ACTIVITIES

The in-service training program for water works operators was continued. Outstanding in this program was the 21st Annual Short Course and Conference, a one-week course held in June at Gainesville in the University of Florida by the General Extension Division, which was sponsored by the State Board of Health, Florida Section

of the American Water Works Association, and Florida Water and Sewage Works Operators Association, among others. Other short courses were held on a regional basis, with a more limited scope, at Tampa and in Polk County, with which the Bureau helped the local health departments and local operation personnel.

To stimulate in-service training, assistance was also rendered the pool operators association in establishing a quarterly bulletin, circulation of which includes public pool owners and management of both municipal and private enterprises.

Sewage and Industrial Waste

JOHN W. WAKEFIELD, M.S., ENG.

DOMESTIC SEWAGE

Activity in the sewage field continued at a very high level during 1953. Plans were approved by the State Board of Health for 23 new sewage treatment plants estimated to cost \$3,458,149 and designed to serve 177,711 people. Plans were approved for additions to existing sewerage systems in 19 cities designed to serve 73,925 people and estimated to cost \$1,903,498. Of even more significance, 23 sewage treatment plants designed to serve 428,869 persons were completed or under construction at the year's end. Attention was called in the annual report of 1952 to the cumulative effect of plant construction on the supervisory load of the Bureau of Sanitary Engineering. The 23 plants added this year represents an increase of 33 per cent in the number of plants over which the county, regional and central staff sanitary engineers must exercise supervision. It is significant, for example, that the West Florida Regional Engineer now has more sewage treatment plants under his supervision than the entire State of Florida contained in 1940. This expansion has been state-wide and has been accompanied by similar expansion in all the other fields of sanitary engineering. At the same time, there has been an actual decrease in personnel available for supervision of sanitary installations.

At the beginning of 1953, there were in Florida eight county health departments with staff sanitary engineers; the Bureau of Sanitary Engineering had five regional engineers and the Sewage and Industrial Waste Section of the Bureau had seven sanitary engineers, one sanitary chemist, one sanitary biologist and a sanitarian, all of whom to some extent assisted in the review and approval of plans and the supervision of operation of sewage treatment plants. At the end of 1953, two of the county health department positions were vacant, leaving only six counties with staff sanitary engineers; the

five regional engineers had increased responsibilities and the Sewage and Industrial Waste Section had been reduced (by losses of special project funds) to three sanitary engineers on a duty status (with one away for graduate study), one sanitary chemist, one sanitary biologist and one sanitarian. The connotation is obvious. Unless supervisory personnel can be increased materially, the supervision of plant operation, which is already below the minimum desirable level, will continue to deteriorate. Either more county health units should obtain the services of a staff sanitary engineer or at least one additional engineer should be placed in each region and at least two additional engineers are urgently needed within the Sewage and Industrial Waste Section in order to continue the work of the Section on its present limited program. These do not include the sanitary engineer absent for graduate study whose services will again become available about July 1. If any new activities are to be undertaken during the coming year, additional personnel must be secured for that purpose.

Highlight of the year in the sewage field was the beginning of construction on the City of Miami's \$27,000,000 sewerage improvement program and the City of St. Petersburg's sewage treatment plant. Other than these two, most of the new construction has been for small cities and for a number of medium-sized subdivisions. There is every indication that the educational program of the Bureau for better sanitary facilities for subdivision developments has borne fruit, and that this trend previously mentioned in 1952 will continue in 1954. However, in spite of efforts on all echelons, due to the rapid growth of the population in all parts of the State, the population served by inadequate or no sanitary sewerage facilities continues to increase as shown in the following table.

TABLE 47
DISTRIBUTION OF THE POPULATION OF FLORIDA WITH REGARD TO SANITARY SEWERS AND SEWAGE TREATMENT

Year	1940	1950	1953*
Total population	1,897,414	2,729,000	3,168,000
Population served by public sewers	740,000**	1,020,000**	1,243,000***
Population served by adequate treatment	72,000	205,900	427,116
% sewered population with adequate treatment	9.7%	20%	34%
Population served by inadequate or no public sewerage system	1,825,414	2,523,100	2,740,884

* Population estimated by U. S. Census Bureau.
 ** Sewered population from State Board of Health estimate.
 *** Sewered population based on replies to State Board of Health questionnaire.

INDUSTRIAL WASTE

The industrial waste field continued to expand in 1953, but the activities of the Sewage and Industrial Waste Section were sharply limited during the year by the curtailment of two special studies. The study of the effects of industrial wastes and sewage pollution on the Peace and Alafia Rivers was brought to an end by lack of funds to continue the project on a permanent supervisory basis. This project, financed for four years by the seven phosphate mining companies operating in Florida, was under the direction of Mr. W. R. Clary, a sanitary engineer, and the proposed investigational phase had been completed with the exception of the preparation of a final report before the termination of the project. Due to an extended illness, Mr. Clary was unable to prepare the report and this remains to be completed by the section staff. Since the project funds were exhausted and no new funds available, the project staff was transferred to other duties where vacancies existed. Mr. Clary and the staff stenographer were released due to lack of vacancies, and Mr. Donald M. Shepard was called to extended military duty.

The Citrus Waste Research Project was terminated after a study of two and one-half years by Mr. Ben F. O'Neal. This project was financed jointly by a grant from the U. S. Public Health Service under Public Law 845 and by the Florida Cannery Association. Mr. O'Neal prepared a final report summarizing his findings which showed that citrus cannery waste can be treated by conventional waste treatment methods, but additional study is needed to show the economics of such treatment. Funds were not available to continue the project.

New industrial plant expansion continues in Florida. At the year's end two new pulp mills, one located in Georgia but discharging waste into the Withlacoochee River in Florida and the other located at Foley and discharging waste into the Fenholloway River, were nearing completion. In the first case, a series of holding ponds offers reasonable chance of successful treatment, and in cooperation with the company an exhaustive preliminary survey has been made of the receiving stream before operation begins. In the other case, special legislation removes the stream from the jurisdiction of the State Board of Health and only advisory conferences have been held with the management. Proposed treatment by means of a primary clarifier will probably be inadequate to protect the stream due to the low dilution available.

Industrial waste investigations, except as noted above, were limited to cases where complaints of pollution or other nuisances were received. These included a lengthy investigation of the disposal of commercial laundry and restaurant wastes in unsewered areas;

investigations of citrus canning plant wastes at Safety Harbor and Bradenton, and an investigation of pollution from a dairy and a laundry near Bradenton.

A complete census of all known sources of waste, both sanitary sewage and industrial, was prepared for the U. S. Public Health Service, and the publication of this list early in 1954 should fill an existing need for such information.

FRINGE AREA SANITATION

The building boom in residential housing continued with some temporary let-ups throughout 1953. Through a cooperative agreement with the Federal Housing Administration and the Veterans Administration there was some supervision over sanitary facilities requirements for at least a portion of the subdivisions developed on the fringe of all major cities in the state. The investigation at the request of lending agencies, and frequent re-investigation at the request of the developer, of the waste disposal requirements for adequate subdivision development required more man-hours than any other activity of the Section. Based on percolation tests and soil investigations, 265 subdivisions containing 17,760 lots were approved for the use of septic tanks and drain fields. These investigations were normally made by personnel of the several county health units, but frequently required special investigation by regional and section personnel. (Tests for Dade County were not included.) Due to topographical and geological limitations, many of the proposed subdivisions were found unsuited for the use of individual septic tank and drain field sewerage systems, and public sewerage systems were secured or planned for twenty-four subdivisions. All were connected to existing sewerage systems or were served by separate sewage treatment plants. Sixteen sewage treatment plants were constructed or were planned for construction to serve subdivision sewerage systems.

Septic tank installations for subdivisions approved for their use and for individual homes where no sewerage system is available are inspected by personnel of the several county health units, and for those for which the mortgages are insured by the Federal Housing Administration or the Veterans Administration the forms are reviewed and checked by this Bureau's personnel. During 1953, 12,853 septic tank inspection reports and 40 private water supply inspection reports were recorded, checked and forwarded. Since these forms are checked against subdivision records both before and after the inspection is made, this is a time-consuming but very necessary and productive procedure. Most of this work has been performed by personnel of other sections.

The activation of the Environmental Sanitation Section in 1954 and the consolidation of preliminary subdivision activities and supervision of private water and sewerage systems within that section should go far to correct deficiencies caused by lack of adequate coordination by sections. It is also hoped that the relief of the Sewage and Industrial Waste Section from a portion of their previous duties will compensate in some measure for personnel losses.

STREAM SANITATION

Field work on the study of pollution in the Peace and Alafia River systems was completed. A report on the effects of pollution on the biological balance of these streams prepared by the University of Florida was distributed and the final reports on this project are in preparation.

Bacteriological surveys were made on the Manatee River in the vicinity of Bradenton and Palmetto, and on Sarasota Bay in the vicinity of Sarasota. The first was found to be grossly polluted while the second showed that the placing in operation of a modern sewage treatment plant had almost completely eliminated pollution from these waters. Bacteriological surveys are continuing on the Indian River at Fort Pierce and on the St. Lucie River at Stuart.

A complete bacteriological, biological and chemical survey of the Withlacoochee River prior to completion of the new paper mill at Claittville, Georgia is nearing completion. In addition to this survey more than one thousand biological specimens from streams of Florida have been obtained and identified to establish a broad base for the evaluation of effects of pollution by future biological surveys.

TABLE 48
LABORATORY ANALYSIS STREAM SANITATION — SEWAGE
AND INDUSTRIAL WASTES

	D.O.	B.O.D.	pH	Color Turbidity	Suspended Solids	Settleable Solids	Alkali	Chlor- ides	Acid	Flow Measurement	Temperature	Fluor- ides	Phos- phates	H ₂ S	Bacteria	Biol Ident.
Number of Samples	470	1018	489	478	225	213	125	80	.....	75	400	25	75	15	252	1182

DRAINAGE WELLS

Requests for drainage well permits for a multitude of purposes continue to be received, particularly from Orange and Dade Counties. Strenuous efforts have been made to limit permits to the discharge

of relatively clean water or adequately treated wastes. Personnel of the Section have become more and more concerned about the discharge of improperly treated laundry and restaurant wastes into drainage wells, and an investigation supported that concern to the extent that the use of simple septic tanks or grease traps before discharge to drainage wells has been almost eliminated. An economical method of treating such wastes is urgently needed.

EDUCATIONAL AND ORGANIZATIONAL ACTIVITIES AND PUBLICATIONS

Personnel of the Section participated in the annual University of Florida Short Course for Water and Sewage Treatment Plant Operators and at three regional short courses for operators. The in-plant training program for sewage treatment plant operators has been improved by the addition of an experienced sewage treatment plant operator as well as a graduate sanitary engineer, to the staff. As noted above additional personnel are needed, however, to cope with the rapid expansion in numbers of plants.

Several members of the staff participated in the program of the Industrial Wastes Conference held at Tampa by the Florida Sewage and Industrial Wastes Association. The highlight of the year in association activities was the meeting of the Federation of Sewage and Industrial Wastes Associations in Miami to which the Florida Sewage and Industrial Wastes Association acted as host. All professional members of the Section were able to attend at least a part of the meeting. Mr. John Wakefield served as President of the Florida local association, and Mr. Donald P. Schiesswohl was re-elected as Secretary. The Bureau Director, Mr. David B. Lee, was elected Vice-President of the Federation of Sewage and Industrial Wastes Associations.

In addition to staff reports of the several investigations mentioned above, personnel of the Section have participated in the revision of a booklet to be published by the University of Florida entitled "Stream Sanitation in Florida" by Earle B. Phelps, John W. Wakefield and David B. Smith; in the preparation of a special convention number of the magazine "Wastes Engineering" and in numerous news releases and special reports.

TOURIST COURTS, CANNING PLANTS, SCHOOLS, AND MISCELLANEOUS ACTIVITIES

Most of the activities in these fields were limited to review of plans and issuance of permits. Permits were issued to four canning plants and to four temporary labor camps. Some of the activities are shown in the tables which follow this section.

Most of these activities are to be transferred to the newly formed Environmental Sanitation Section at the beginning of 1954, and will thus be dropped from further reports by this Section.

During 1953 the total of 80 plans for facilities at tourist and trailer camps were approved by the Bureau. These plans included sewage disposal and toilet facilities. Although 259 permits were issued many had existing sewage treatment equipment or were tied to municipal facilities. There has been a tremendous growth in the number of trailer camps and tourist courts in the State to provide for the influx of winter visitors. Construction of new facilities was not confined to any particular section of the State but seemed to be a general increase in all portions of the State, proportional to the existing accommodations.

An effective working relationship was maintained with other State agencies which provided recreation facilities throughout the State. As a result facilities provided in State-operated parks are providing better and more effective facilities for guests.

	Trailer Courts	Trailer Parks	Total
New permits	71	73	144
Reissued permits	45	70	115
	116	143	259
Total number of valid permits	2,770		

TABLE 49
SEWERAGE PROJECTS APPROVED IN 1953
MUNICIPAL SEWAGE TREATMENT

Municipality	Project	Estimated Cost
Bartow	Sewer extensions and lift station	\$ 8,500**
Bayard	Ponce De Leon Raceway — sewage treatment	19,000**
Biscayne Key	Tropical Isle Homes — sewers and treatment	175,000**
Biscayne Key	Tropical Isle S/D — sewer extensions and lift station	11,300*
Clearwater	Sewer extensions and lift stations	80,000**
Clearwater	Skycrest S/D — sewers and treatment	190,000**
Crystal River	Village of Picardy S/D — sewers and treatment	22,500
Dade City	Relyea S/D — sewers and lift station	17,000**
Dunedin	Sewer extensions and lift station	119,000*
Foley	Buckeye Cellulose Corp. — industrial waste and sanitary sewers	244,680*
Fort Lauderdale	Broward Estates S/D	44,000*
Gainesville	Audubon Park — lift station	44,000*
Graceville	Treatment and sewers	80,000
Homestead	Leisure City — sewers and treatment	138,049**
Homestead	N. E. 2nd Street — sewer extensions	5,000*
Jacksonville	Brookview S/D — sewage treatment	60,000*
Jacksonville	Cottage Grove S/D — sewers to Magnolia Gardens	1,500**

TABLE 49—Continued
SEWERAGE PROJECTS APPROVED IN 1953
MUNICIPAL SEWAGE TREATMENT

Municipality	Project	Estimated Cost
Jacksonville	Highlands S/D — sewers and treatment	99,000*
Jacksonville	Hogan Heights S/D — treatment and sewers	172,000**
Jacksonville	Lake Shore Terrace S/D — sewers, Units No. 1 and No. 2	16,943**
Jacksonville	Naval Villa Park S/D — sewers and treatment	47,100
Jacksonville	State Farm Mutual Ins. Co. — treatment	25,000*
Lakeland	Highland Hills S/D — sewers and treatment	125,000*
Lakeland	N.W., S.E., N.E. sewers and lift station	233,625*
Leesburg	Sewer extensions and lift station	11,500*
Live Oak	Extension of city sewers to colored school	5,000**
Madison	Sewers and treatment	225,000*
Marianna	Green Oaks S/D — Part I, sewers	—
Marianna	Riverview S/D — sewer extensions	—
Miami	Myrtle Grove — sewers	186,350
Miami	Sewers — N. 79th St. — N.W. 7th Ave.	172,000*
Miami	Sanitary sewers — N.W. 27th Ave. (West Flagler St. to N.W. 36th)	195,000*
Miami Beach	Belle Island — sewers	60,000**
N. Biscayne Beach	Chatlos Motel & Apts. — treatment and sewers	60,000*
Orlando	Azalea Park S/D — Part 3 — sewers	38,000*
Orlando	Chamberlain S/D — sewage collection and lift station (12 houses)	—
Orlando	Pine Hills S/D — sewers and treatment	85,000**
Orlando	Pine Hills S/D — Part I, sewers	39,060*
Orlando	Pine Hills S/D — Part II, sewers	68,436
Panama City	Sewers and lift station	10,000*
Pensacola	Forest Sherman Field — treatment and sewers	208,000
Pensacola	Pen Haven S/D — sewers and treatment	90,000*
Pensacola	Alterations and additions to city sewage plant	450,000*
Pensacola	Lift station and force main	15,200*
St. Cloud	Sewage treatment — collection sewers	307,000*
St. Petersburg	Jungle Country Club S/D — 2nd and 3rd addition — sewers and treatment	150,000*
St. Petersburg	Meadowlawn S/D — treatment and sewers	200,000*
St. Petersburg	Sewage treatment at Albert Whitted	1,200,000*
Tallahassee	Stiles S/D — sewers and sand filter	—
Tampa	Manhattan Manor — sewers and treatment	95,000**
Treasure Island	Sewer extensions	32,900
Winter Haven	Sewers and lift station	301,000*
Total —		\$6,102,643

* Project under construction.

** Project completed.

TABLE 50
MUNICIPALITIES COMPLETING SEWAGE TREATMENT
PLANTS IN 1953

Municipality	Population Served
Apopka	\$ 1,900
Biscayne Key — Tropical Isle Homes	5,250
Clearwater — Skycrest S/D	2,600
Dade City	3,806
Eustis	1,750
Green Cove Springs — Magnolia Springs Housing Project	990
Homestead	4,500
Jacksonville — Highlands S/D	6,300*
Jacksonville — Hillcrest S/D	483
Jacksonville — Hogan Heights S/D	3,000*
Madison	3,500*
Melbourne	4,000
Miami	250,000*
N. Biscayne Bay — Chatlos Motel & Apartments	1,240*
Orlando — Pine Hills S/D	8,000
Pensacola — Pen Haven S/D	2,000*
Pensacola — Forest Sherman Field	3,800
Santa Rosa Island	1,500
St. Petersburg — Subdivision	400
St. Petersburg — Meadowlawn S/D	1,750
St. Petersburg — Albert Whitted	120,000*
St. Petersburg — Jungle Country Club S/D — 2nd and 3rd Addition	1,050
Tampa — Manhattan Manor S/D	1,050
Total	\$428,869

* Under construction December 31, 1953.

Environmental Sanitation

SEAFOOD SANITATION

During 1953 seafood sanitation activities were encompassed by a new section within the Bureau. This was done late in the year so that some of the personnel found their activities becoming more varied. As a result, allied sanitation activities were stepped up in pace. Seafood sanitation during 1953 was carried out by two field sanitarians and one laboratory sanitarian as in previous years.

OYSTERS

Major production is from the Apalachicola Bay and the bulk of the activities with oyster sanitation is carried on working with the industry in this area. Other major production areas include the bay areas near Panama City, the Salt River near Crystal River and the estuary of the Suwannee River.

There were six plants newly built or extensively remodeled in the Apalachicola area, but the oyster industry suffered a major setback when a tornado struck the area just at the beginning of the season.

Twenty-three houses were damaged and four houses were completely destroyed. The total damage was estimated at \$40,000. The houses were repaired and sanitation standards were maintained in them.

As has been the practice for the last several years, almost daily sampling was done in the waters of Apalachicola Bay, and this pinpoint control of the growing area made it possible to keep a precise control over the areas from which oysters were tonged. The northern area of the Bay was opened to the oyster industry when the samples showed it to be of oyster-producing quality.

There seems to be a general trend in the oyster industry to produce more shellstock (oysters to be served later on the halfshell) rather than the shucked oysters. As a result, less equipment is used in the houses, lessening the sanitation burden.

Early in the year an annual survey was made of the oyster sanitation activities of the State Board of Health by the U. S. Public Health Service and the survey showed that higher standards of control activity and maintenance of better sanitation in the plant was accomplished during the year as compared with 1952.

CRUSTACEA

The year 1953 saw better crabmeat prices for the industry and as the result higher sanitation standards were found in the plants, and during the year seven new plants were built. These new plants represent about 30 per cent of the total yearly production of the industry. Our personnel in cooperation with the Pure Food and Drug Administration worked very closely with the crabmeat houses during the late summer months, resulting in higher sanitation standards in the houses.

Production of all except blue crabmeat has almost ceased in the State at this time.

Conferences with the State Board of Conservation administrator and personnel of the University of Miami Marine Biology Section indicate that research will be carried out to aid the crab industry.

SCALLOPS

There was sporadic scallop picking along the lower Gulf counties during the year, but in general the scallops are presenting less of a problem than in previous years.

CLAMS

During the year no clams were shucked in certified houses.

OTHER AGENCIES

The State Conservation Commission personnel and the State Board of Health personnel during 1953 maintained a very close working relationship, and during the year the agents of the Conservation Commission were very active in the abatement of oyster "bootlegging" and the tonging of oysters from condemned waters. In addition to aid in several pollution surveys their agents were active in checking oyster shipments on the highways. Several truck shipments of shellstock which had not been produced in conformance with the law were seized.

OTHER ACTIVITIES

Training of sanitarians in shellfish control was done in two classes at the Training Center at Gainesville; assisted at the University of Florida Short Course for Sanitarians; civil defense activities were carried on through several talks about the hazards of atomic weapons, and there were sanitation activities with itinerant foodhandlers at carnivals and circuses.

TABLE 51
SUMMARY OF ACTIVITIES — SHELLFISH PLANTS

Description	Operating Certificates Issued	State Inspections Made	New Plants Constructed	Plants Re- modeled or Additions
Oyster Shucking and Packing	40	845	6	4
Oyster Shellstock only	9	69	2	2
Clam Shucking and Packing	0	0	0	0
Scallop Shucking and Packing	2	4	0	0
Crabmeat Picking and Packing	28	510	7	2
<i>Additional Activities in Relationship to Shellfish</i>				
Oyster growing area pollution surveys				2
Oyster growing area water samples bacteriologically tested				1722
Oyster meat samples bacteriologically tested				738
Crabmeat samples bacteriologically tested				397
Lectures and talks made				11
Audience total				242
Drinking water samples bacteriologically tested				186
Food samples bacteriologically tested				65
Salinity				361

Food Handlers' Training Program

The activities of the Food Handlers' Training Program in 1953 were directed principally to rendering consultation services to counties, assisting in the organization of local programs, the orientation of sanitation personnel in the techniques of teaching food service workers, and maintaining liaison relationships with other agencies

concerned with the safe dispensing of prepared food and drink to the public.

One of the original aims of the program was achieved this year.

It has been the announced purpose of the Food Handlers' Training Program to reduce the number of certifications resulting from its regular courses of instruction in the State and to increase the number issued at the county and community levels through the establishment of permanent local programs. In contrast with the past, only eight regular programs were conducted with health departments in eight counties with a total of 679 food service personnel certified. This figure constitutes less than ten per cent of the total certifications in the State, which is considered the maximum that should be awarded by state operated programs.

ORGANIZATION OF NEW COUNTY PERMANENT PROGRAMS

A considerable amount of time was spent in assisting counties in the organization of permanent programs. The tri-county program set up late in the fall of 1952 for Walton, Holmes and Okaloosa was perfected in 1953. This program has operated in alternate months in each county with a total of 314 certifications. Another district program was organized for Jefferson, Madison and Taylor with special orientation conferences for sanitation personnel. Forty-eight persons were certified by this program, and does not include the activity of Taylor County, which will operate in 1954. A third tri-county program was established for Gadsden, Liberty and Calhoun on the basis of similar procedures, and as a result of the educational service in this area 299 certificates were issued.

A permanent program was organized for Monroe County and it is being conducted by the Health Department with the cooperation and assistance of the U. S. Naval Station and U. S. Naval Hospital at Key West. Five courses were presented commercial food service operators and employees and selected naval commissary personnel with 268 certifications awarded.

Polk County's program, which has not been able to function in the past three years, in spite of the interest and efforts of the health department, was re-activated and will conduct food sanitation courses routinely beginning in February, 1954. Some work has been done with Lee, Highlands, Glades and Hendry Counties, but their plans will not crystalize until the coming year.

ESTABLISHED PERMANENT PROGRAMS

The nine established permanent programs which were in operation at the beginning of 1953, were not able to perform as in the previous

year. However, this situation was offset to some degree by the new programs organized and the marked increase in Dade County's certifications. Hillsborough County was not able to function due to the lack of sufficient personnel. Escambia and Palm Beach Counties have been faced with a similar problem. These counties have maintained their program organization as an integral part of their public health services and will resume activities as soon as sanitation staffs are implemented.

The district program embracing Indian River, Martin, St. Lucie and Okeechobee Counties, had to be curtailed, but routine schedules have been planned for 1954.

The Pinellas County Health Department suspended its participation in the joint program conducted in cooperation with the Vocational Education Branch of the Board of Public Instruction as a re-organized service is anticipated.

The Training Program established at the Jacksonville Naval Air Station with the assistance of the State Board of Health, and conducted in cooperation with the health departments of Duval and Clay Counties, presented 42 courses of instruction in food sanitation and certified 1168 military and civilian personnel. The Pensacola Naval Air Station program, in which the Escambia County Health Department participates, had 560 certifications.

In 1953, the Jacksonville City Health Department entered a new phase in its efforts to aid food service sanitation objectives through the medium of education. On August 28, a city ordinance was passed requiring operators and employees to receive the basic instruction offered by the Health Department. The regulation was sponsored by the Jacksonville Food Service Operators Association and the Business and Professional Woman's Club. During the year, 472 certificates were issued persons completing the twelve hour course.

New and established permanent Food Handler Training Programs were responsible for 7,825 certifications in the state. One hundred and eighty-seven establishments received special awards for having eighty per cent of their employees certified and fulfilling the conditions of issue, one of which is compliance with minimum sanitation standards.

TABLE 52
FOOD HANDLER TRAINING PROGRAM —
CERTIFICATIONS 1953

PROGRAM	CERTIFICATIONS
Regular State Programs	679
Permanent County Programs	(6,097)
Bay	82
Broward	40
Dade	4,564
Monroe	268
District — Holmes-Walton-Okaloosa	314
District — Jefferson-Madison-Taylor	58
District — Gadsden-Liberty-Calhoun	299
City of Jacksonville	472
Special Programs	(89)
Pasco	12
Sarasota	30
Leon	47
U. S. Navy — Jacksonville	1,168
Pensacola	560
Total	8,593

SPECIAL PROGRAMS

Special programs were conducted for selected groups: A food sanitation course was given school lunch personnel at the request of the Pasco County Board of Public Instruction; a Management Clinic was developed for Sarasota County, which was held under the auspices of the Health Department in cooperation with the State Board of Health and Florida State University; a program was presented at the W. T. Edwards Tuberculosis Hospital for dietary department workers, student nurses and supervisory personnel; a joint program was arranged also at the Southeast Tuberculosis Hospital co-sponsored by the institution, the Palm Beach County Health Department and the district office of the Florida School Food Service Association.

OTHER ACTIVITIES

Liaison activities have been carried on with the School Lunch Program of the State Department of Education. A continuing policy of this agency is to give six-hour educational credit to persons who are certified as completing the courses held by State and County Food Handler Training Programs. The proposed joint School Lunch Sanitation and Safety Manual also was revised. Relationships were maintained with the Department of Restaurant and Hotel Management, Florida State University and a cooperative program is contemplated whereby joint Management Clinics will be made avail-

able to the major cities in Florida. The University of Florida was assisted in its food sanitation educational purposes. Surveys of the dietary department at the Central Florida Tuberculosis Hospital were made and consultation services were rendered the State Tuberculosis Board, which included review of plans of proposed expanded facilities.

A number of meetings were held with the Florida Restaurant Association, which has expressed interest in establishing a system of aid to enable the Training Program to serve the industry more effectively. In addition, a series of conferences were participated in with the State Hotel and Restaurant Commission for the development of a joint manual of practice and standard operational procedures. As the result of a meeting with the Bureau Director and representatives of State Department of Agriculture and State Livestock Sanitary Board an assignment has been given to make a comparative study of the regulations of the three state agencies in areas of mutual jurisdiction.

Among the major meetings attended this year were the First National Food Protection Conference at the National Sanitation Foundation, Ann Arbor, and the Annual Conference of the American Public Health Association, New York, where a paper entitled: *Techniques Used to Obtain Proper Planning in Food and Food Handler Sanitation* was delivered at a joint meeting of the Engineering Section and the Food and Nutrition Section.

Drafting

The services performed in the drafting room of this Bureau were about the same in 1953 as in previous years, except for a slight change in the amount of time in actual drafting as compared with time devoted to processing of plans. By way of explanation, it was noted that it became necessary to give more time to handling of plans as the volume reaching the drafting room increased. One of the most pressing problems encountered during the year was the shortage of plan filing space.

It is felt that the increasing number of plans which are being submitted to the Bureau and which under the present system must be filed, will in the not-too-distant future demand a change in filing methods or procedures.

SPECIAL ACTIVITIES

Matters pertaining to the initiation and continuation of construction of the new laboratory building were given considerable attention throughout the year.

As in previous years some assistance was given the Bureau of Entomology in matters pertaining to the preparation of maps, charts, graphs and their reproduction.

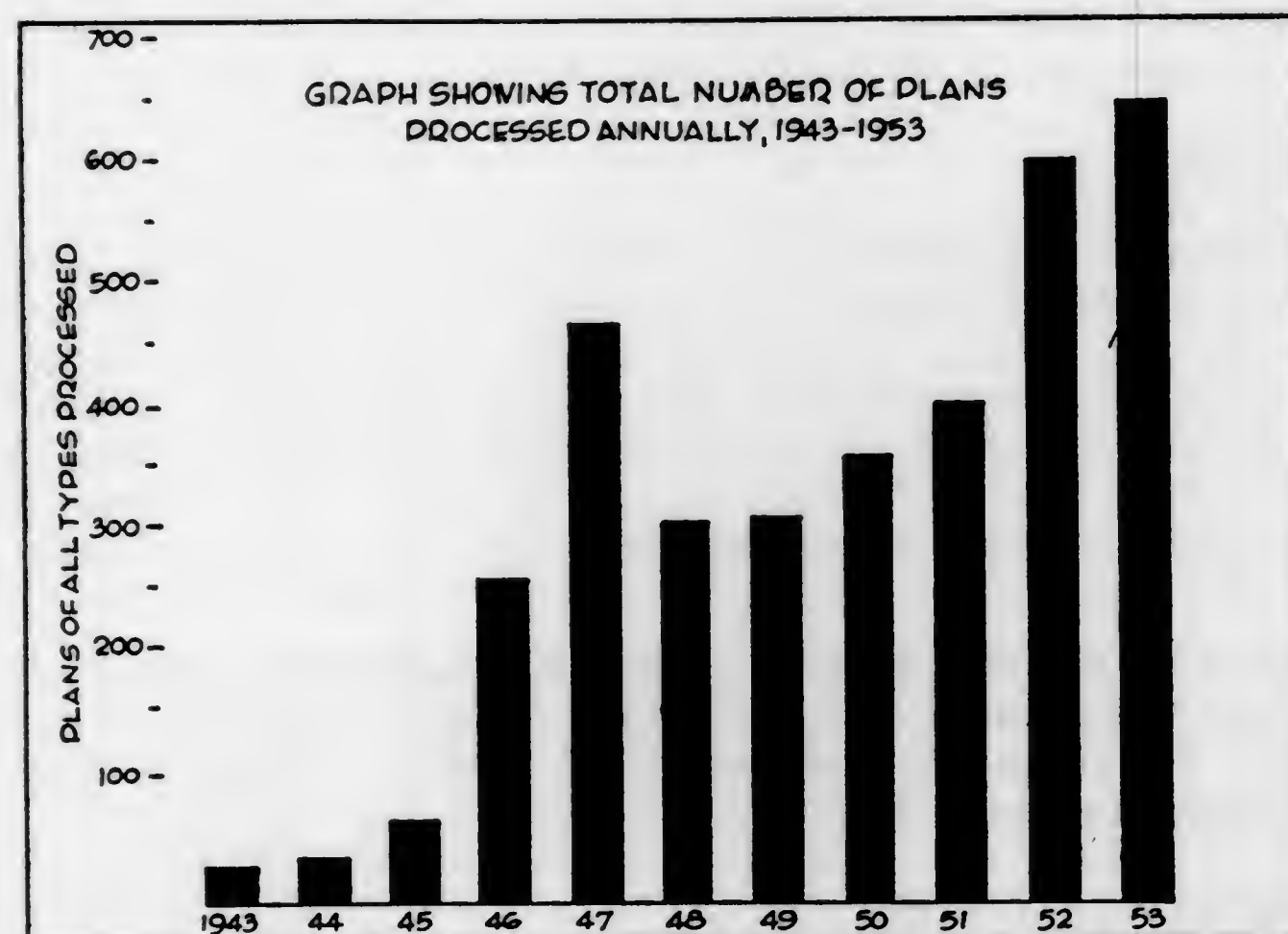
SURVEYS AND REPORTS

Following are of some of the major surveys for which maps and charts were prepared:

Citrus Waste Disposal; Manatee River Pollution Survey; Sarasota Bay Pollution Survey; Fruit Industries of Bradenton, Bradenton Laundry and Burnetts' Dairy (Industrial Waste Surveys); Stream Sanitation Survey — Peace and Alafia Rivers. (Though this report is not complete, a portion of the drafting has been done.)

PLANS PROCESSED

Municipal Water and Sewerage	246
Tourist and Trailer Camps	71
Septic Tanks	51
Swimming Pools	162
Industrial Waste Projects	19
Schools	99
TOTAL	648



The accompanying chart illustrates the trend in recent years experienced in recording and handling the numerous projects that must comply with the State Sanitary Code.

Summary

In the field of water supply and treatment, 153 projects were approved, representing an increase of seven per cent over 1952. The estimated total cost of these projects is approximately 19½ million dollars which is about a 41 per cent increase over the estimated cost of 1952. In suburban developments, such as for subdivisions, public water supply and treatment installations and improvements represent 34 per cent of the total number of plans approved. This percentage has continued in the same pattern for the past three years. The 1953 figure is slightly higher than 1952.

The construction of swimming pools in the state continues to increase at a rapid rate. Plans for a total of 151 pools were approved; this is another increase of six per cent over the previous year, and an increase of 32 per cent in dollar volume. Other activities such as, public water supply wells, bottle water plants, public bathing beaches, and common carrier sanitation, all continue the same or at an increasing rate as in 1952.

The field of municipal sewage treatment continued at a very high level during 1953. Plans were approved for 23 new sewage treatment plants, estimated to cost 3½ million dollars, and designed to serve approximately 180,000 people. Also approved were plans for additions to existing sewerage systems in 19 cities, designed to serve 74,000 people, at an estimated cost of 2½ million dollars. Of even more significance 23 sewage treatment plants designed to serve 430,000 people were completed or under construction at the year's end. These 23 plants represent an increase of 33 per cent in the number of plants in operation in the State.

Industrial waste and stream sanitation surveys remain at a very low level due to the shortage of necessary personnel. The continual growth of industry in this State is posing more and more stream and public health problems, many of which we cannot meet with the present personnel. Unless sufficient personnel are provided to do stream surveys and cooperative work with industry, our pollution load will continue to increase in the immediate years to come.

The problem of fringe area sanitation continues to be the major activity of this Bureau due to the continual growth of this State, which has been more than 16 per cent in population increase since 1950. At least 265 subdivisions have been approved for the use of septic tanks and drain fields, and unnumbered amounts have been reviewed. Public sewerage systems were secured or planned for 24 subdivisions and nearly 13,000 individual forms were handled for the approval of septic tanks and drain fields.

In all other fields, such as, seafood sanitation, food handlers' training program, trailer parks, motels, et cetera, the work remains approximately the same or is increasing according to the growth of the area in question.

The continual growth of the activities of this Bureau can best be seen by the graph showing the total number of plans processed annually since 1943. In 1952, 600 sets of plans were processed; in 1953, 648 thus giving an increase of eight per cent.

Technical papers by members of the Bureau include:

1. Baker, Ralph H., Jr., Supervision of Public Swimming Pools and Bathing Beaches. Engineering Progress at University of Florida v. 7 no. 9. September 1953.
2. Baker, Ralph H., Jr. Some Technical Aspects of Swimming Pool Design in Florida. Journal Florida Engineering Society v. 7, no. 2. August 1953.
3. Jackson, E. R. Sanitation and Safety in the Restaurant. Modern Food Service Sanitation. Parts I and II. v. 5 nos. 8 and 10, pgs. 34 and 38.

BUREAU OF NARCOTICS

FRANK S. CASTOR, Ph.G., Director

M. H. Doss, for many years director of this Bureau, died on July 30, 1953. Mr. Doss' contribution to narcotic control in Florida, his cooperation with other law enforcement agencies, and his relentless pursuit of "quacks" and unlicensed persons practicing pharmacy were recognized not only by his colleagues and friends, but also by professional organizations. Florida is rated as one of the three best states in the nation as regards illegal narcotic traffic control and much of this credit must properly go to Mr. Doss.

After his untimely death, the Board appointed Frank S. Castor, formerly inspector in charge of the Bureau's southwestern district with offices in Tampa. Mr. Castor entered upon his duties November 1, 1953. Mr. Ray Bellinger served as acting director in the interim.

The Bureau of Narcotics is charged with enforcement of the Uniform Narcotic Drug Act, Florida Pharmacy Act and the enforcement of the laws pertaining to the physicians, osteopaths, naturopaths, chiropractors, chiropodists and masseurs. The State Board of Health has charged the Bureau of Narcotics with the guarding of the buildings, grounds and equipment of the Central Office in Jacksonville.

The Bureau personnel consists, most of the year, of seven narcotic inspectors, three uniformed guards, one relief guard, one chief clerk, one senior clerk and a Sergeant of Detectives assigned by the City of Jacksonville's Police Department to this office. District offices are located in Tampa, Tallahassee and Miami. Though the Bureau has received many complaints of narcotic law violations by teenagers, investigations of these complaints have proven there are no addicts in the schools or institutions of higher learning. Compared with the previous year, there was an increase in arrests of 30; increase in sentences imposed, 37 years; increase in bonds estreated \$6,000; increase in aggregate fines \$6,083.13.

The Bureau is now short one inspector. It is recommended that an additional inspector be employed and placed in training in readiness to fill any vacancy that may occur.

TOTAL SUMMARY OF ACTIVITIES

Total number open inspections	2566
Total number investigations	806
Total number arrests	108
Total number violations corrected where no legal action was taken	36
Aggregate sentences imposed by the courts	
120 years, 6 months	

In all other fields, such as, seafood sanitation, food handlers' training program, trailer parks, motels, et cetera, the work remains approximately the same or is increasing according to the growth of the area in question.

The continual growth of the activities of this Bureau can best be seen by the graph showing the total number of plans processed annually since 1943. In 1952, 600 sets of plans were processed; in 1953, 648 thus giving an increase of eight per cent.

Technical papers by members of the Bureau include:

1. Baker, Ralph H., Jr., Supervision of Public Swimming Pools and Bathing Beaches. Engineering Progress at University of Florida v. 7 no. 9. September 1953.
2. Baker, Ralph H., Jr. Some Technical Aspects of Swimming Pool Design in Florida. Journal Florida Engineering Society v. 7, no. 2. August 1953.
3. Jackson, E. R. Sanitation and Safety in the Restaurant. Modern Food Service Sanitation. Parts I and II. v. 5 nos. 8 and 10, pgs. 34 and 38.

BUREAU OF NARCOTICS

FRANK S. CASTOR, Ph.G., Director

M. H. Doss, for many years director of this Bureau, died on July 30, 1953. Mr. Doss' contribution to narcotic control in Florida, his cooperation with other law enforcement agencies, and his relentless pursuit of "quacks" and unlicensed persons practicing pharmacy were recognized not only by his colleagues and friends, but also by professional organizations. Florida is rated as one of the three best states in the nation as regards illegal narcotic traffic control and much of this credit must properly go to Mr. Doss.

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Aggregate fines imposed by the courts	\$8,333.13
Total number defendants receiving probation, deferred, withheld or suspended sentences	19
Total number cases discharged or nolle prosequi by the courts	5
Total number narcotic addicts confined to State or Federal institutions for treatment	7
Total number cases resulting in an acquittal by jury	3
Total number miles driven	119,996
Total number bonds estreated	\$7,000.00

UNIFORM NARCOTIC ACT (Chapter 398, Florida Statutes 1941)

Number arrests	101
Aggregate sentences imposed by the criminal courts	
120 years, 6 months	
Aggregate fines imposed by criminal courts	\$8,300.00
Number persons receiving probation, deferred, withheld or suspended sentences	18
Number cases discharged or nolle prosequi by the courts	4
Number prosecutions resulting in an acquittal	3
Bonds estreated	\$7,000.00
Number persons committed to State or Federal institutions for treatment	7

STATE DRUG AND SIGN ACT (Pharmacy) (Chapter 465, Florida Statutes 1941)

Number arrests	1
Aggregate fines imposed by criminal courts	\$33.13
Number drug stores or pharmacies registered for fiscal year 1953-54	1042
Number violations corrected where no legal action was taken	36
Number cases discharged or nolle prosequi by the courts	1

MEDICAL PRACTICE ACT (Chapter 458, Florida Statutes 1941)

Number arrests	6
Number medical doctors (M.D.) registered	4540
Number osteopathic doctors (D.O.) registered	460
Number naturopathic doctors (N.D.) registered	243
Number chiropractic doctors (D.C.) registered	480
Number masseurs registered	1201
Number chiropodists registered	159

DIVISION OF HEALTH INFORMATION

ELIZABETH REED, R.N., B.S., Director

The year 1953 showed more "thoughtful" requests for health education and information assistance. There seemed to be more of a cognizance on the part of persons outside the public health professions of the necessity for well-organized health education programs in their individual communities. Therefore, while quantitatively, there may seem to be a lesser amount of materials distributed and services rendered, actually there was more significant use made of the facilities offered by this division.

A frequent observation is that there is excellent rapport between the voluntary and official health agencies in Florida. Likewise, the relationship between the State Board of Health and the State Department of Education is a continuing one of real cooperation. These facts are noted since the Division of Health Information is so frequently involved with these organizations as well as offering consultation services to the county health departments and other bureaus and divisions.

ART WORK:

The artist completed the following: Posters (including those used for exhibits) 10; signs, 98; charts and graphs, 30; layouts, 18; cover designs, 17; letterheads, 4; stencil drawings, 47; line drawings, 57.

The preparation of ten issues of *Health Notes* included general layout, cropping photographs, the paste-up for the press run, and checking page proofs.

Cooperation was given local artists in the preparation of five free lance assignments.

FILM LIBRARY:

Number of films shipped	4,216 - 5% increase
Number of times shown	10,899 - 1% "
Number of persons in audience	685,953 - 3% decrease

Of the total number of films shipped 382 were returned without having been shown due to various reasons such as broken projector, meeting postponed, etc. Ninety-five films were returned for which no report was received as to the number of people viewing them.

In November, because of the tremendous increase in requests, and the static status of the library as regards new films, a new policy

was inaugurated, limiting borrowers to one film per week, including universities and colleges.

To the best of the film library's knowledge, three films were televised to an estimated audience of 80,000 people in the Ft. Lauderdale and Jacksonville areas.

Sixty-eight 35mm X-ray trailers and nine radio transcriptions were scheduled during X-ray surveys. Audience is estimated at 100,000.

Twenty-three new prints (14 titles) were added to the library, as well as three sound film strips, one Eastman sound projector and one small screen. Replacement footage was ordered for a few old films.

Three films on cerebral palsy were received on loan from the Florida Crippled Children's Society, as were ten films and 35 prints of 35mm X-ray trailers on tuberculosis from the Florida Tuberculosis and Health Association. During the year special "trailers" were placed on all films on loan from the two above agencies and the Vocational Rehabilitation Service, showing our joint endeavors in distributing them. The cost was financed jointly also.

During the year fourteen films were removed from circulation because they were either obsolete or damaged beyond repair. The film library now contains 207 (16mm) titles with a total of 475 prints.

There was a total of 98 bookings of audio-visual equipment kept in the library for loan purposes, including slide, film-strip, opaque and motion-picture projectors and screens. The above figure does not include many "spot" bookings of short duration.

A few old projectors were retired from service. No new equipment is being placed in the county health departments. An effort is occasionally made to shift some of the equipment to the newer county health departments where great need is shown. All of the units are being encouraged to purchase their own audio-visual equipment.

In addition to the distribution of films, the film library handled the booking, mailing and correspondence pertaining to the distribution of various radio transcriptions, in addition to those used in X-ray surveys.

The film catalog was extensively revised and 2250 copies were mimeographed. Announcements of new films are frequently distributed.

A program of new films was scheduled for each day of the Florida Public Health Association meeting. This was well received.

A representative from the Communicable Disease Center audio-visual service surveyed the library. Chief among the suggestions made were to include more strip films in the collection and to have scheduled film programs for State Board of Health personnel.

Constant assistance is given to many professional and lay persons in planning film programs and in instructing them how to operate the various types of audio-visual equipment.

The biggest problem facing the film library is the lack of funds to purchase new releases in health films. The small amount allocated will buy only a few prints a year since there must be a constant repair of films and equipment, which is often costly, and films wear out each month with constant use over the years. Occasionally, purchases are made with special funds, but since the subject matter must be confined to a special subject, this makes for unbalanced distribution of health subjects represented.

LIBRARY:

Circulation:

<i>Books</i>		<i>Periodicals</i>	<i>Pamphlets and Reprints</i>	<i>Microfilms</i>	<i>Total</i>
<i>Regular loans</i>	<i>Indefinite loans</i>				
1341	1428	6397	274	29	9469

In addition, 65 interlibrary loans were received from 12 university and medical libraries throughout the South and East, with over half of the loans coming from the Armed Forces Medical Library at Washington, D. C. Four hundred fifty-two individuals and 31 groups (clinics, bureaus, and divisions) borrowed material from the library.

Over 500 reference questions were answered for personnel connected with the State Board of Health, practicing physicians throughout the State, and other agencies and individuals seeking information on subjects concerning health. Thirty-four bibliographies were prepared for use in research projects, papers, and articles.

As in the past, the limited funds available made it necessary to curtail book purchases. Every effort was made to continue all periodical subscriptions since they are the primary source of current material. Three hundred ninety-six periodicals were received through subscriptions or as gifts from the Florida Medical Association and various individuals. Missing numbers to some journals were obtained through the Medical Library Exchange so that the volumes could be bound.

The decision was made that this library would keep the annual reports of various state and local health departments only for the

past five years. Therefore, in November the library made a gift of approximately 250 issues of old annual reports to the Communicable Diseases Center in Atlanta, Georgia.

The library was used as an assembly room for 73 meetings, which included conferences, committee meetings, film previews, and orientation programs. This is very disrupting to those trying to use the library.

The library of Dr. W. V. King in Orlando was purchased as the nucleus for a library for the Entomological Research Center to be established soon. The collection consisted of books, annual reports and proceedings of numerous mosquito control associations, government bulletins, periodicals, and a large number of reprints. Funds have been made available for the purchase of additional books and periodicals, and the formal establishment of this branch library will be one of the major projects for 1954.

The work of the library was curtailed somewhat by the fact that Miss Lora-Frances Davis, who had been librarian since 1946, left in September to become librarian for the Far East Command with headquarters in Tokyo. Mrs. Marjorie Broward, who had just accepted the position as part-time cataloger, became acting librarian. Miss Flora Herman, formerly at the University of Tennessee Medical Library in Memphis, was employed to begin work January 1, 1954.

PAMPHLETS:

Two new pamphlets were printed: *Flies and Septic Tanks*. These were prepared in conjunction with other Bureaus. The approximate number of pamphlets distributed was 110,000. Every effort was made to interpret the correct use of pamphlets as just one media in health education and to discourage the wasteful distribution by the hundreds and thousands at fairs, etc. The largest number of requests for literature were on the subjects of dental health, preventable diseases, nutrition, mental health, venereal diseases, diabetes and sanitation.

PRESS SECRETARY:

Mr. Jack Avery left this position in September and Mrs. Juanita Grotegut was employed. A total of 49 general releases were distributed; and approximately 50 special releases were sent out. In addition, a number of conventions and seminars were covered by the press secretary, as well as trips made to assist various county health departments with special stories. Four issues of *Health Notes* were prepared and photographs taken for these issues and other assignments. Several voluntary health agencies were assisted with

news stories and spot coverage. The *Florida Health Intelligencer* (a compilation of news notes about all health organizations) was issued five times.

OTHER ACTIVITIES:

Orientation Programs: Three regular two-day sessions were held for State Board of Health personnel and other personnel from allied health and welfare agencies. In addition, special one-day sessions were held for social workers, instructors in nursing education, foreign students and intern teachers.

Talks: Were given on various health education subjects all over the State to: civic groups, P.-T.A., voluntary health agencies, women's clubs, church organizations, university classes, etc.

Health Notes: Was issued ten times. Subjects covered were: School Health, food, nursing homes, mosquitoes, alcoholism, preventable diseases, annual report, laboratory activities, intestinal parasites and trailer parks. Constant requests are received to be put on the mailing list and this publication apparently fills a definite need.

Schools: Constant contact is made with schools through attendance and consultation activities at pre-school and post-school planning conferences, teacher workshops, work with intern teachers, conferences with university faculties and students, attendance at Classroom Teachers Association Work Conferences, and planning sessions with county teacher groups, etc. Twenty-five Turkish students at the University of Florida received experience in various county health departments. Assistance was given in the distribution of Bulletin 4D, A Program of Health Services for Florida Schools, issued by the State Department of Education. A condensed version of this Bulletin was the topic of one issue of *Health Notes* and was enthusiastically received.

Miscellaneous: Health councils were assisted in Osceola, Walton and Okaloosa counties; student nurse recruitment aids were devised; role-playing techniques used with a number of professional groups; the State Board of Health Annual Report was edited; resumes of legislation affecting health were prepared; assistance was given to six county health departments in the preparation of their annual reports; a film utilization clinic was held for State Board of Health field workers; the director attended a two-weeks Human Relations Institute held in Atlanta; assistance was given county health departments and other bureaus and divisions in the preparation of bulletins, pamphlets, mimeographed material, programs, etc.; helped with a new hookworm film, produced in Duval County by the U. S. Public

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Health Service; assisted in setting up exhibits in Levy, Lake, Escambia, Okaloosa, and Walton Counties and at the State P.-T.A. and Florida Educational Association. Educational TV meetings were attended; continued to orient foreign visitors and guests.

SOME UNMET NEEDS:

There is a continuing demand for assistance with exhibits which is barely met. TV and radio — two potent instruments of health education — are not being utilized due to lack of funds and personnel. County health departments need more consultation assistance in public relations programs and encouragement in employing local health educators.

Articles by staff members:

Reed, E. Meetings, Problems and People. Nursing Outlook 1:521-523, Sept. 1953.
Reed, E. The Care and Feeding of Speakers. Nursing Outlook 1:700. Dec. 1953.